THE FOOT HEALTH STATUS QUESTIONNAIRE



Thank you for taking the time to fill out this important questionnaire.

The answers you provide will help your podiatrist to understand how to care for your foot problems.

The questionnaire is very simple to complete and there are no right or wrong answers. The questionnaire takes less than 10 minutes to complete.

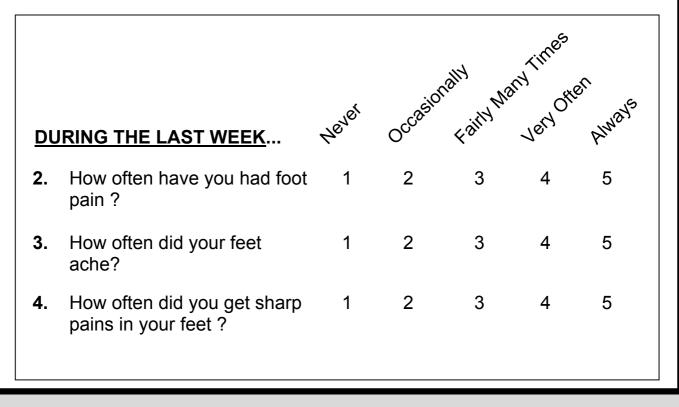
The Foot Health Status Questionnaire

INSTRUCTIONS

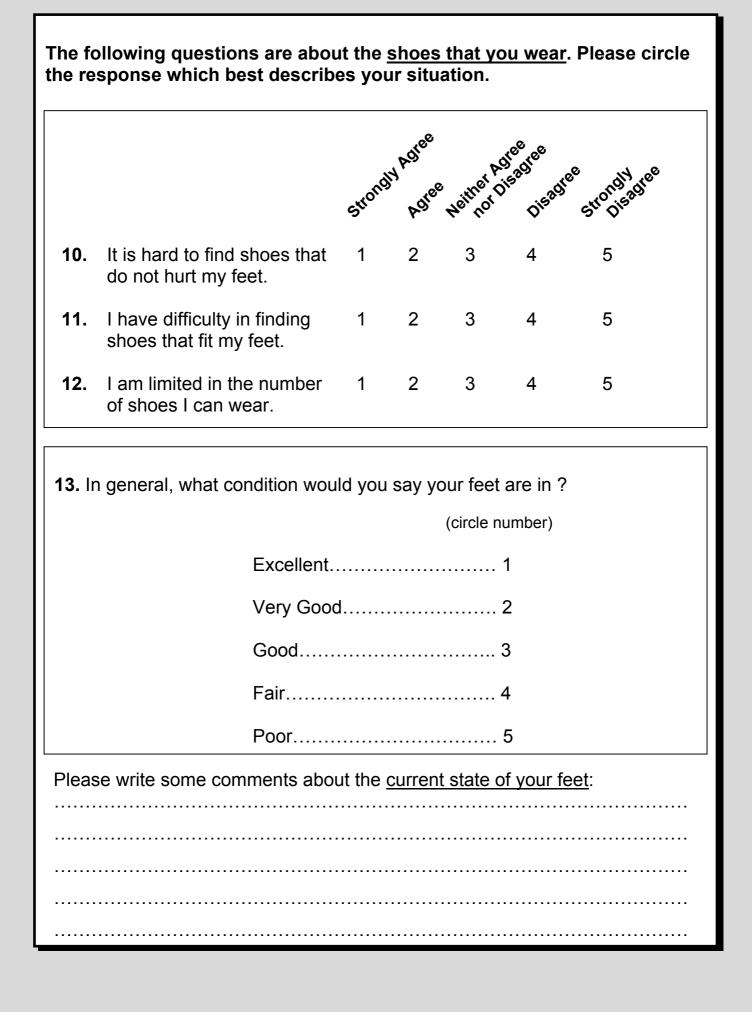
- This questionnaire asks for your views about your foot health.
- All you need to do is circle your answer to each question.
- If you are unsure about how to answer a question, please give the best answer you can.

The following questions are about the foot pain you have had <u>during</u> the past week.

(circle a number for each question below)



These questions are about how much your <u>feet</u> interfere with activities you might do during a typical day.									
J c c c	(circle a number for each question below)								
DUF	DURING THE LAST WEEK								
		Note	A All Slight	h Moderati	ouite a li	ht Extrement			
5.	Have your <u>feet</u> caused y to have difficulties in you work or activities ?		2	3	4	5			
6.	Were you limited in the lof work you could do because of your <u>feet</u> ?	kind 1	2	3	4	5			
DUF	RING THE LAST WEEK	Notat P	All Slightly	Moderatel	A Quite a bit	Extremely			
7.	How much does your <u>foc</u> <u>health</u> limit you walking ?		2	3	4	5			
8.	How much does your <u>foc</u> <u>health l</u> imit you climbing stairs ?	<u>ot</u> 1	2	3	4	5			
9 . H	9. How would you rate your overall <u>foot health</u> ? (circle number)								
Excellent 1									
Very Good 2									
Good 3									
Fair 4									
Poor 5									
L	Please t	urn to the	next page	e					



14. In general, how would you rate your <u>health</u> :

(circle number)

Very Good	1
Fair	2
Poor	. 3

15. The following questions ask about activities you might do during a typical day. Does <u>your health now limit you</u> in these activities? If so, how much?

(circle a number on each				
		Yes,	Yes,	No, Not
<u>AC</u>	TIVITIES	Limited	Limited	Limited
		A Lot	A Little	At All
а.	Vigorous activities, such as running, lifting			
	heavy objects, or (if you wanted to) your ability	1	2	3
	to participate in strenuous sports			
b.	Moderate activities, such as cleaning the			
	house, lifting a chair, playing golf or swimming	1	2	3
C.	Lifting or carrying bags of shopping	1	2	3
d.	Climbing a steep hill	1	2	3
e.	Climbing one flight of stairs	1	2	3
f.	Getting up from a sitting position	1	2	3
g.	Walking more than a kilometre	1	2	3
h.	Walking one hundred meters	1	2	3
i.	Showering or dressing yourself	1	2	3

16. This next question asks to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbours or social groups?

(circle number)

Not at all	1
Slightly	2
Moderately	3
Quite a bit	4
Extremely	5

17. These questions are about how you "feel" and how things have been with you <u>during the past month</u>. For each question, please give the one answer that comes closest to the way you have been "feeling". How much of the time during the <u>past 4 weeks:</u>

	All of the time	Most of the Time	Some of the Time	A little of the Time	None of the Time
a. Did you feel tired?	1	2	3	4	5
b. Did you have a lot of energy?	1	2	3	4	5
c. Did you feel worn out?	1	2	3	4	5
d. Did you feel full of life?	1	2	3	4	5

18.During the <u>past 4 weeks</u>, how much of the time has your <u>emotional</u> <u>problems</u> or <u>physical health</u> interfered with your social activities (like visiting with friends, relatives, etc.)?

(circle number)

No time at all	1
A small amount of time	2
Moderate amount of time	3
Quite a bit of the time	4
All of the time	5

19. How TRUE or FALSE is <u>each</u> of the following statements for you?

(circle a number on each line)

	True or Mostly True	Don't Know	False or Mostly False
a. I seem to get sick a little easier than other people	1	2	3
b. I am as healthy as anybody I know	1	2	3
c. I expect my health to get worse	1	2	3
d. My health is excellent	1	2	3

Please complete the following details.						
20.	Full Name:					
21.	Address:			Postcod	e:	
22.	Date of Birth:	Se	x: Male 🖵 Fe	male 🖵		
23.	What is the date	when you filled out t	his survey? Please	write here		
24.		take any medicine p	prescribed by your de	octor for a	any of the	e following
	conditions ;	(please tick the	appropriate box/s)			
	Diabetes		Hormone Replace	ment Thei	rapy	
	Osteoarthritis		High Cholesterol			
	Blood Pressure		Rheumatoid Arthrit	tis		
	Heart Disease		Back Pain			
	Lung Disease		Depression			
	Any other conditio medicine for, plea	•				
	For the next quest	ions, please tick eith	er YES or NO			
	25. Are you a pens	sioner or health care	cardholder ?	Yes □	No 🗋	
	26. Do you smoke	cigarettes ?				
	27. Do you do any	regular physical ex	ercise?			
	28. Do you have p	rivate health insuran	ice?			
		pleted a trade certifi alification since leav				
	Th	ank you for co	ompleting this			

questionnaire

This questionnaire is designed to be analysed by: The Foot Health Status Questionnaire Data Analysis Software © (Version 1.03) and is supported by Microsoft Windows™ 3.11. 95 and 98.