Foot and Ankle Ability Measure (FAAM)

Patient name:	Age:	Date:

Instruction: Please answer every question with one response that most closely describes your condition within the past week. If the activity in question is limited by something other than your foot or ankle, mark "Not Applicable" (N/A).

Activities of daily living subscale:

	No difficulty	Slight difficulty	Moderate difficulty	Extreme difficulty	Unable to do	N/A
Standing	O 4	O 3	O 2	0 1	0 0	0
Walking on even ground	O 4	O 3	O 2	0 1	0 0	0
Walking on even ground without shoes	O 4	O 3	O 2	0 1	0 0	0
Walking up hills	O 4	O 3	O 2	0 1	0 0	0
Walking down hills	O 4	O 3	O 2	0 1	0 0	0
Going up stairs	O 4	O 3	O 2	0 1	0 0	0
Going down stairs	0 4	O 3	O 2	0 1	0 0	0
Walking on uneven ground	0 4	O 3	O 2	0 1	0 0	0
Stepping up and down curbs	0 4	O 3	O 2	0 1	0 0	0
Squatting	0 4	O 3	O 2	0 1	0 0	0
Coming up on your toes	O 4	O 3	O 2	0 1	0 0	0
Walking initially	0 4	O 3	O 2	0 1	0 0	0
Walking 5 minutes or less	0 4	O 3	O 2	0 1	0 0	0
Walking approximately 10 minutes	O 4	O 3	O 2	0 1	0 0	0
Walking 15 minutes or greater	O 4	O 3	O 2	0 1	0 0	0
Because of your foot and ankle how much o	difficulty do	you have w	ith:			
Home responsibilities	0 4	O 3	O 2	0 1	0 0	0
Activities of daily living	0 4	O 3	0 2	0 1	0 0	0
Personal care	0 4	O 3	0 2	0 1	0 0	0
Light to moderate work (standing, walking)	O 4	O 3	0 2	0 1	0 0	0
Heavy work (push/pulling, climbing, carrying)	0 4	O 3	0 2	0 1	0 0	0
Recreational activities	O 4	O 3	O 2	0 1	0 0	0

How would you rate your current level of function during your usual activities of daily living from 0 to 100, with 100 being your level of function prior to your foot or ankle problem and 0 being the inability to perform any of your usual daily activities? ______ . 0%

Sports subscale:

	No difficulty	Slight difficulty	Moderate difficulty	Extreme difficulty	Unable to do	N/A	
Because of your foot and ankle how much difficulty do you have with:							
Running	O 4	O 3	O 2	0 1	0 0	О	
Jumping	O 4	O 3	O 2	0 1	0 0	0	
Landing	O 4	O 3	O 2	0 1	0 0	О	
Starting and stopping quickly	O 4	O 3	O 2	0 1	0 0	О	
Cutting/lateral movements	O 4	O 3	O 2	0 1	0 0	О	
Ability to perform activity with your normal technique	O 4	О 3	O 2	O 1	0 0	0	
Ability to participate in your desired sport as long as you like	O 4	O 3	O 2	0 1	O 0	0	

How would you rate your	current level of function di	uring your sports	related activities fro	m 0 to 100, with	100 being your
level of function prior to ye	our foot or ankle problem	and 0 being the in	nability to perform a	ny of your usual	daily activities?
. 0%					

Overall	how would	vou rate v	vour current	level of	function?
Overan,	, HOW WOULD	you rate	your current	16 A C I O I	Turiculor:

0	Normal	0	Nearly normal	0	Abnormal	0	Severely abnormal
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Reference:

Martin, R. L., Irrgang, J. J., Burdett, R. G., Conti, S. F., & Swearingen, J. M. V. (2005). Evidence of validity for the foot and ankle ability measure (FAAM). *Foot & Ankle International, 26*(11), 968–983. https://doi.org/10.1177/107110070502601113