



experience effective physical therapy

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Foot and Ankle Disability Index (FADI)**

Please answer **every** question with **one** response that most closely describes your condition within the past week.

Activities:	No Difficulty	Slight Difficulty	Moderate Difficulty	Extreme Difficulty	Unable to do
1. Standing	4	3	2	1	0
2. Walking on even ground	4	3	2	1	0
3. Walking on even ground without shoes	4	3	2	1	0
4. Walking up hills	4	3	2	1	0
5. Walking down hills	4	3	2	1	0
6. Going up stairs	4	3	2	1	0
7. Going down stairs	4	3	2	1	0
8. Walking on uneven ground	4	3	2	1	0
9. Stepping up and down curbs	4	3	2	1	0
10. Squatting	4	3	2	1	0
11. Sleeping	4	3	2	1	0
12. Coming up onto your toes	4	3	2	1	0
13. Walking initially	4	3	2	1	0
14. Walking 5 minutes or less	4	3	2	1	0
15. Walking approximately 10 minutes	4	3	2	1	0
16. Walking 15 minutes or more	4	3	2	1	0
17. Home responsibilities	4	3	2	1	0
18. Activities of daily living	4	3	2	1	0
19. Personal Care	4	3	2	1	0
20. Light to moderate work (stand, walk)	4	3	2	1	0
21. Heavy work (pull, push, climbing, carrying)	4	3	2	1	0
22. Recreational activities	4	3	2	1	0
Column Totals					

Score: \_\_\_\_\_/88