

<p><i>Circle as appropriate:</i> <b>RIGHT / LEFT</b></p> <p><b><i>During the past 4 weeks this has applied to me:</i></b></p>	<p><i>Please tick ✓ one box for each statement</i></p>				
	<p><b>None of the time</b></p>	<p><b>Rarely</b></p>	<p><b>Some of the time</b></p>	<p><b>Most of the time</b></p>	<p><b>All of the time</b></p>
<p><b>1.</b> I have pain in my foot/ankle</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>2.</b> I avoid walking long distances because of pain in my foot/ankle</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>3.</b> I change the way I walk due to pain in my foot/ankle</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>4.</b> I walk slowly because of pain in my foot/ankle</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>5.</b> I have to stop and rest my foot/ankle because of pain</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>6.</b> I avoid some hard or rough surfaces because of pain in my foot/ankle</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>7.</b> I avoid standing for a long time because of pain in my foot/ankle</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>8.</b> I catch the bus or use the car instead of walking, because of pain in my foot/ankle</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>9.</b> I feel self-conscious about my foot/ankle</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>10.</b> I feel self-conscious about the shoes I have to wear</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b><i>During the past 4 weeks this has applied to me:</i></b>	<i>Please tick ✓ one box for each statement</i>				
	<b>None of the time</b>	<b>Rarely</b>	<b>Some of the time</b>	<b>Most of the time</b>	<b>All of the time</b>
<b>11.</b> The pain in my foot/ankle is more painful in the evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12.</b> I get shooting pains in my foot/ankle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>13.</b> The pain in my foot/ankle prevents me from carrying out my work/everyday activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>14.</b> I am <u>unable</u> to do all my social or recreational activities because of pain in my foot/ankle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>15. During the past 4 weeks</b> how would you describe the pain you <u>usually</u> have in your foot/ankle? <i>(please tick one box)</i>					
None <input type="checkbox"/>	Very mild <input type="checkbox"/>	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>	
<b>16. During the past 4 weeks</b> have you been troubled by <u>pain from your foot/ankle</u> in bed at night? <i>(please tick one box)</i>					
No nights <input type="checkbox"/>	Only 1 or 2 nights <input type="checkbox"/>	Some nights <input type="checkbox"/>	Most nights <input type="checkbox"/>	Every night <input type="checkbox"/>	

***Finally, please check that you have answered every question***

**Thank you very much**