Foot Function Index

Name:_____ **Date:**_____

Pain subscale: How severe is your foot pain:

	no pain									**worst pain imaginable**
1. Foot pain at it's worse?	1	2	3	4	5	6	7	8	9	10
2. Foot pain in the morning?	1	2	3	4	5	6	7	8	9	10
3. Pain walking barefoot?	1	2	3	4	5	6	7	8	9	10
4. Pain standing barefoot?	1	2	3	4	5	6	7	8	9	10
5. Pain walking with shoes?	1	2	3	4	5	6	7	8	9	10
6. Pain standing with shoes?	1	2	3	4	5	6	7	8	9	10
7. Pain walking with orthotics?	1	2	3	4	5	6	7	8	9	10
8. Pain standing with orthotics?	1	2	3	4	5	6	7	8	9	10
9. Foot pain at end of day?	1	2	3	4	5	6	7	8	9	10

Disability Subscale: How much difficulty did you have:

	no difficulty									**unable**
10. Difficulty walking in the house?	1	2	3	4	5	6	7	8	9	10
11. Difficulty walking outside?	1	2	3	4	5	6	7	8	9	10
12. Difficulty walking 4 blocks?	1	2	3	4	5	6	7	8	9	10
13. Difficulty climbing stairs?	1	2	3	4	5	6	7	8	9	10
14. Difficulty descending stairs?	1	2	3	4	5	6	7	8	9	10
15. Difficulty standing tip toe?	1	2	3	4	5	6	7	8	9	10
16. Difficulty getting up from chair?	1	2	3	4	5	6	7	8	9	10
17. Difficulty climbing curbs?	1	2	3	4	5	6	7	8	9	10
18. Difficulty walking fast?	1	2	3	4	5	6	7	8	9	10

Activity Limitation Subscale: How much of the time do you:

	none of the time									**all of the time**
19. Stay inside all day because of feet?	1	2	3	4	5	6	7	8	9	10
20. Stay in bed all day because of feet?	1	2	3	4	5	6	7	8	9	10
21. Limit activities because of feet?	1	2	3	4	5	6	7	8	9	10
22. Use assistive device indoors?	1	2	3	4	5	6	7	8	9	10
23. Use assistive device outdoors?	1	2	3	4	5	6	7	8	9	10

To be completed by physical therapist/provider **Score_____/170 x 100%**

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Signature of provider **Date**

Adapted from Budiman-Mak, E., Conrad, K., & Roach K. (1991). The foot function index: A measure of foot pain and disability. J Clin Epidemiology, 44(6).