

NAME: _____

DATE _____

CURRENT HEALTH ASSESSMENT

The following is a list of common health problems. Please circle yes or no in the first column, then go on to the next item. If you have the problem, indicate in the second column if you receive medication or some other type of treatment for the problem. In the last column, indicate if the problem limits any of your activities.

	Do you have the problem?		Do you receive treatment for it?		Does it limit your activities?	
	Yes	No	Yes	No	Yes	No
4) Heart Disease						
5) High Blood Pressure						
6) Lung Disease						
7) Diabetes						
8) Ulcer or Stomach Disease						
9) Kidney Disease						
10) Liver Disease						
11) Anemia or Other Blood Disease						
12) Cancer						
13) Depression						
14) Osteoarthritis/Degenerative Arthritis						
15) Back Pain						
16) Rheumatoid Arthritis						
17) Other Medical Problems*						

*Please specify _____

18a. Compared to before you had the surgery, is your musculoskeletal condition: (circle one)

1. Much better now 2. Somewhat better now 3. About the same
4. Somewhat worse now 5. Much worse now

18. In general, would you say your health is:

1. Excellent 2. Very Good 3. Good 4. Fair 5. Poor

19. Compared to one year ago, how would you rate your health in general now?

1. Much better now than one year ago
2. Somewhat better now than one year ago
3. About the same as one year ago
4. Somewhat worse now than one year ago
5. Much worse now than one year ago

Current Health Assessment

20. The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much? (Circle one response on each line.)

	Yes, limited a lot	Yes, limited a little	No, not limited at all
a. <u>Vigorous activities</u> such as running, lifting heavy objects, or participating in strenuous sports	1	2	3
b. <u>Moderate activities</u> such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	1	2	3
c. Lifting or carrying groceries	1	2	3
d. Climbing <u>several</u> flights of stairs	1	2	3
e. Climbing <u>one</u> flight of stairs	1	2	3
f. Bending, kneeling or stooping	1	2	3
g. Walking <u>more than one mile</u>	1	2	3
h. Walking <u>several blocks</u>	1	2	3
i. Walking <u>one block</u>	1	2	3
j. Bathing or dressing yourself	1	2	3

21. During the **past four weeks**, have you had any of the following problems with your work or other regular daily activities as a result of your physical health? (Circle one response on each line.)

	Yes	No
a. Cut down the <u>amount of time</u> you spent on work or other activities	1	2
b. <u>Accomplished less</u> than you would like	1	2
c. Were limited in the <u>kind</u> of work or other activities	1	2
d. Had <u>difficulty</u> performing the work or other activities (for example, it took extra effort)	1	2

22. During the **past four weeks**, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)? (Circle one response on each line.)

	Yes	No
a. Cut down the <u>amount of time</u> you spent on work or other activities	1	2
b. <u>Accomplished less</u> than you would like	1	2
c. Did not do work or other activities as <u>carefully</u> as usual	1	2

Current Health Assessment

23. During the **past four weeks**, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors or groups? (Circle one response.)

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

24. How much bodily pain have you had during the **past four weeks**? (Circle one response.)

1. None 2. Very mild 3. Mild 4. Moderate 5. Severe 6. Very Severe

25. During the **past four weeks**, how much did pain interfere with your normal work (including both work outside the home and housework)? (Circle one response.)

1. Not at all 2. A little bit 3. Moderately 4. Quite a bit 5. Extremely

26. These questions are about how you feel and how things have been with you during the past four weeks. 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 **past four weeks**.... (Circle one response on each line.)

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
a. Did you feel full of pep?	1	2	3	4	5	6
b. Have you been a very nervous person?	1	2	3	4	5	6
c. Have you felt so down in the dumps nothing could cheer you up?	1	2	3	4	5	6
d. Have you felt calm and peaceful?	1	2	3	4	5	6
e. Did you have a lot of energy?	1	2	3	4	5	6
f. Have you felt downhearted and blue?	1	2	3	4	5	6
g. Did you feel worn out?	1	2	3	4	5	6
h. Have you been a happy person?	1	2	3	4	5	6
i. Did you feel tired?	1	2	3	4	5	6

27. During the **past four weeks**, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)? (Circle one response.)

1. All of the time 2. Most of the time 3. Some of the time 4. A little of the time 5. None of the time

CURRENT HEALTH ASSESSMENT

28. Please choose the answer that best describes how true or false each of the following statements is for you.
(Circle one response to each line.)

	Definitely True	Mostly True	Not Sure	Mostly False	Definitely False
1) I seem to get sick a little easier than other people	1	2	3	4	5
2) I am as healthy as anybody I know	1	2	3	4	5
3) I expect my health to get worse	1	2	3	4	5
4) My health is excellent	1	2	3	4	5

29a. What treatments (surgery, medication, therapies) have you had since you had surgery?

- | | | | |
|------------|---------------|----------------------------------|--------------------|
| 1. None | 2. Surgery | 3. Physical/Occupational Therapy | 4. Splint or Brace |
| 5. Cast(s) | 6. Medication | 7. Shoe Inserts | 8. Injection |

29. **During the past week**, how often have you taken pain medication, including narcotics or over-the-counter medications? (Circle one response)

- | | | |
|------------------------|------------------------|------------------------------|
| 1. Three or more times | 2. Once or twice daily | 3. Once every couple of days |
| 4. Once a week | 5. Not at all | |

30. Do you currently smoke cigarettes? (Circle one response)

- | | | |
|--------|--------------------------------------|---|
| 1. Yes | 2. No, I quit in the last six months | 3. No, I quit smoking more than six month ago |
| | 4. I have never smoked | |

Are the results of your treatment what you expected? (Circle a response on each line.)

The results of my treatment met my expectations for:	Definitely Yes	Probably Yes	Not Sure	Probably Not	Definitely Not	Not Applicable
31) Relief from symptoms (pain, stiffness swelling, numbness, weakness, instability)	1	2	3	4	5	6
32) To do more everyday household or yard activities	1	2	3	4	5	6
33) To sleep more comfortably	1	2	3	4	5	6
34) To go back to my usual job	1	2	3	4	5	6
35) To exercise and do recreational activities	1	2	3	4	5	6

36. If you had to spend the rest of your life with the symptoms you have right now, how would you feel about it?
(Circle one response.)

- | | | | | |
|----------------------|--------------------------|------------|-----------------------|-------------------|
| 1. Very dissatisfied | 2. Somewhat dissatisfied | 3. Neutral | 4. Somewhat satisfied | 5. Very satisfied |
|----------------------|--------------------------|------------|-----------------------|-------------------|

36a. If you could go back in time and make the decisions again, would you choose the same treatment for your musculoskeletal condition/problem? (Circle one response.)

- | | | | | |
|-------------------|-----------------|-------------------------|-----------------|-------------------|
| 1. Definitely yes | 2. Probably yes | 3. Completely uncertain | 4. Probably not | 5. Definitely not |
|-------------------|-----------------|-------------------------|-----------------|-------------------|

Foot and Ankle Questionnaire

Please answer the following questions for the foot/ankle being treated or followed up. If it is BOTH feet/ankles, please answer the questions for your worse side. All questions are about how you have felt, on average, during the past week. If you are being treated for an injury that happened less than one week ago, please answer for the period since your injury.

37. During the past week, how stiff was your foot/ankle? (Circle one response.)

1. Not at all 2. Mildly 3. Moderately 4. Very 5. Extremely

38. During the past week, how swollen was your foot/ankle? (Circle one response.)

1. Not at all 2. Mildly 3. Moderately 4. Very 5. Extremely

During the past week, please tell us about how painful your foot/ankle was during activities (Circle ONE response on each line that best describes your average ability.)

	Not Painful	Mildly Painful	Moderately Painful	Very Painful	Extremely painful	Could not do because of foot/ankle pain	Could not do for other reasons
39. Walking on uneven surfaces	1	2	3	4	5	6	7
40. Walking on flat surfaces	1	2	3	4	5	6	7
41. Going up or down stairs	1	2	3	4	5	6	7
42. Lying in bed at night	1	2	3	4	5	6	7

During the past week, did your foot/ankle give way during the following activities:
(Circle ONE response on each line that best describes your average ability.)

	Did not give Way at all	Partially gave way But did not fall	Completely gave way so that I fell	Could not do activity because of foot/ankle giving way	Could not do for other reasons
43. Strenuous activity, such as heavy physical work, skiing, tennis	1	2	3	4	5
44. Moderate activity, such as moderate physical work, jogging, running	1	2	3	4	5
45. Light activity, such as walking, house work, yard work	1	2	3	4	5

Foot and Ankle Questionnaire

46. Which of the following statements best describes your ability to get around most of the time during the past week? (Circle one response)

1. I did not need support or assistance at all.
2. I mostly walked without support or assistance.
3. I mostly used one cane or crutch to help me get around
4. I mostly used two canes, two crutches, or a walker to help me get around.
5. I used a wheelchair
6. I mostly used other supporters or someone else had to help me get around
7. I was unable to get around at all.

47. How much trouble did you have with balance during the past week? (Circle one response.)

1. No trouble at all
2. A little bit of trouble
3. A moderate amount of trouble
4. Quite a bit of trouble
5. A great amount of trouble
6. I cannot balance on my feet at all

48. How difficult was it for you to put on or take off socks/stockings during the past week? (Circle one response.)

- | | | | | | |
|----------------------------|------------------------------|----------------------------|----------------------|---------------------------|---------------------------|
| 1. Not difficult
at all | 2. A little bit
difficult | 3. Moderately
difficult | 4. Very
difficult | 5. Extremely
difficult | 6. Cannot do
it at all |
|----------------------------|------------------------------|----------------------------|----------------------|---------------------------|---------------------------|

All questions are about how you have felt on average during the past week.

During the past week, how painful was your foot or ankle when you were performing the following activities.
(Circle ONE response on each line that best describes your average ability.)

	No pain	Mild pain	Moderate pain	Severe pain	Extreme pain	Could not do because of foot/ankle pain	Could not do for other reasons
49) Strenuous activity, Such as heavy physical work, skiing, tennis	1	2	3	4	5	6	7
50) Moderate activity, such as moderate physical work, jogging, running	1	2	3	4	5	6	7
51) Light activity, such as walking, house work, yard work	1	2	3	4	5	6	7
52) Standing for an hour	1	2	3	4	5	6	7
53) Standing for a few minutes	1	2	3	4	5	6	7

54) How much difficulty do you have walking on uneven surfaces (e.g. small stones, rocks, sloping ground?)
(circle one response.)

- | | | | | |
|------------------------------------|--------------------------------|------------------------|----------------------|-----------------------|
| 1. No difficulty | 2. Mild difficulty | 3. Moderate difficulty | 4. Severe difficulty | 5. Extreme difficulty |
| 6. Cannot do because of foot/ankle | 7. Cannot do for other reasons | | | |

Foot and Ankle Questionnaire

55. How much do you like the appearance of your foot? (Circle one response.)

1. I like it a lot 2. I like it somewhat 3. I am neutral or I don't care
4. I dislike it somewhat 5. I dislike it a lot

How often do you wear the following kinds of shoes? (Circle one response on each line.)

	Never	Sometimes	Often
56) Any women's shoe (including high heels) or any men's shoe (including fancy dress shoes)	1	2	3
57) Most women's dress shoes (except high heels) or most men's dress shoes	1	2	3
58) Sneakers, walking, or casual shoes	1	2	3
59) Orthopaedic or prescription shoes	1	2	3

What types of shoes can you wear comfortably?

	Yes	No	Not Applicable
60) Any women's shoe (including high heels) or any men's shoe (including fancy dress shoes)	1	2	3
61) Most women's dress shoes (except high heels) or most men's dress shoes	1	2	3
62) Sneakers, walking, or casual shoes	1	2	3
63) Orthopaedic or prescription shoes	1	2	3
64) All shoes	1	2	3

65) How much did your foot or ankle problem interfere with your normal work, including work both outside the home and house work? (circle one response.)

1. Not at all 2. A little bit 3. Moderately 4. Quite a bit 5. Extremely 6. Unable to work due to foot/ankle problems.

66) How much did your foot or ankle problem interfere with your life and your ability to do what you want? (Circle one)

1. Not at all 2. A little bit 3. Moderately 4. Quite a bit 5. Extremely 6) It ruins everything

Tell Us About You!

67. Your gender 1. Male 2. Female

68. Your Height _____ Your Weight _____ Your Age _____

69. Your race (Check all that apply)

1. White
2. Black or African – American
3. Hispanic
4. Asian or Pacific Islander
5. Native American Indian
6. Other (please specify) _____

70. How much schooling have you completed?

1. Less than high school
2. Graduated from high school
3. Some college
4. Graduated from college
5. Postgraduate school or degree

71. What is your current marital situation?

1. Married
2. Living with significant other
3. Divorced/ separated
4. Widowed
5. Single (never married)

72. Do you live with someone who can take care of you?

1. Yes
2. No

73. Which statement describes your current employment situation? (Check all that apply.)

1. Currently working
2. On leave of absence
3. Unemployed
4. Homemaker
5. Student
6. Retired (not due to ill health)
7. Disabled and/or Retired due to ill health
8. Other, please specify _____

74. Are you currently on or planning to apply to any of the following programs? (Please circle 1 Yes or 2 No.)

	Already on it		Applied for it		Planning to apply for it	
	1 Yes	2 No	1 Yes	2 No	1 Yes	2 No
a. Social Security						
b. Disability						
c. Workers Compensation						