

TABLE E-1 Hallux Metatarsophalangeal-Interphalangeal Scale¹⁹ (100 Points Total)

Pain (40 points)	
None	40
Mild, occasional	30
Moderate, daily	20
Severe, almost always present	0
Function (45 points)	
Activity limitations	
No limitations	10
No limitation of daily activities such as employment responsibilities, limitation of recreational activities	7
Limited daily and recreational activities	4
Severe limitation of daily and recreational activities	0
Footwear requirements	
Fashionable, conventional shoes, no insert required	10
Comfort footwear, shoe insert	5
Modified shoes or brace	0
Metatarsophalangeal joint motion (dorsiflexion plus plantar flexion)	
Normal or mild restriction ($\geq 75^\circ$)	10
Moderate restriction (30° to 74°)	5
Severe restriction ($< 30^\circ$)	0
Interphalangeal joint motion (plantar flexion)	
No restriction	5
Severe restriction ($< 10^\circ$)	0
Metatarsophalangeal-interphalangeal stability (all directions)	
Stable	5
Definitely unstable or able to dislocate	0
Callus related to hallux metatarsophalangeal-interphalangeal	
No callus or asymptomatic callus	5
Callus, symptomatic	0
Alignment (15 points)	
Good, hallux well aligned	15
Fair, some degree of hallux malalignment observed, no symptoms	8
Poor, obvious symptomatic malalignment	0

TABLE E-2 Revised Foot Function Index (FFI-R)²⁰

Subject ID _____

Date _____

Visit # _____

PAIN

PLEASE READ BEFORE ANSWERING.

- Please circle the number that indicates how bad your foot pain was in each of the following situations during the past week.
- For example, when asked how severe your foot pain was at its worst, if you feel “No pain,” circle the number 1 and if you felt the “Worst pain imaginable,” circle the number 6.
- If, for some items, the question does not apply, circle the number 7.
- Please provide an answer for every item.

1. DURING THE PAST WEEK, HOW SEVERE WAS YOUR FOOT PAIN:

Pain	No Pain	Mild Pain	Moderate Pain	Severe Pain	Very Severe Pain	Worst Pain Imaginable	
Before you got up in the morning?	1	2	3	4	5	6	
When you first stood without shoes?	1	2	3	4	5	6	
When you stood wearing shoes?	1	2	3	4	5	6	
When you walked wearing shoes?	1	2	3	4	5	6	
When you stood wearing custom shoe inserts?	1	2	3	4	5	6	7 = do not use inserts
When you walked wearing custom shoe inserts?	1	2	3	4	5	6	7 = do not use inserts
At the end of a typical day?	1	2	3	4	5	6	

STIFFNESS

PLEASE READ BEFORE ANSWERING.

- Please circle the number that indicates how bad your foot stiffness was in each of the following situations during the past week.
- For example, when asked how severe your foot pain was at its worst, if you feel “No stiffness,” circle the number 1 and if you felt the “Worst stiffness imaginable,” circle the number 6.

- If, for some items, the question does not apply, circle the number 7.
- Please provide an answer for every item.

2. DURING THE PAST WEEK, HOW SEVERE WAS YOUR FOOT STIFFNESS:

Stiffness	No Stiffness	Mild Stiffness	Moderate Stiffness	Severe Stiffness	Very Severe Stiffness	Worst Stiffness Imaginable
Before you got up in the morning?	1	2	3	4	5	6
When you stood without shoes?	1	2	3	4	5	6
When you walked without shoes?	1	2	3	4	5	6
When you stood wearing shoes?	1	2	3	4	5	6
When you walked wearing shoes?	1	2	3	4	5	6
When you walked wearing custom shoe inserts?	1	2	3	4	5	6
Before you went to sleep at night?	1	2	3	4	5	6

DIFFICULTY

PLEASE READ BEFORE ANSWERING.

- Please circle the number that indicates how much difficulty you had performing each activity because of your foot problems during the past week.
- For example, when asked how much difficulty your foot problems caused walking around the house, if you had “No difficulty,” circle the number 1 and if it was so difficult [that you were] unable,” circle the number 6.
- If, for some items, the question does not apply, circle the number 7.
- Please provide an answer for every item.

3. DURING THE PAST WEEK, HOW MUCH DIFFICULTY DID YOUR FOOT PROBLEMS CAUSE YOU:

Difficulty	No Difficult y	Mild Difficult y	Moderate Difficult y	Severe Difficult y	Very Severe Difficult y	So Difficult or Unable
Walking outside on uneven ground?	1	2	3	4	5	6
Walking four or more blocks?	1	2	3	4	5	6

Climbing stairs?	1	2	3	4	5	6
Descending stairs?	1	2	3	4	5	6
Standing on tip toes?	1	2	3	4	5	6
When you carried or lifted objects weighing more than five pounds?	1	2	3	4	5	6
Getting out of a chair?	1	2	3	4	5	6
Walking fast?	1	2	3	4	5	6
Running?	1	2	3	4	5	6
Keeping your balance?	1	2	3	4	5	6
Walking with assistive devices?	1	2	3	4	5	6

ACTIVITY LIMITATION

PLEASE READ BEFORE ANSWERING.

- Please circle the number that indicates how often you activities in the past week because of your feet.
- For example, when asked how often you stay indoors most of the day because of foot problems, if you stayed indoors “None of the time”, circle the number 1 and if you stay indoors most of the day “All of the time,” circle the number 6.
- If, for some items, the question does not apply, circle the number 7.
- Please provide an answer for every item.

4. DURING THE PAST WEEK, HOW MUCH DIFFICULTY DID YOUR FOOT PROBLEMS CAUSE YOU:

Activity Limitation	None of the Time	A Little of the Time	Some of the Time	Much of the Time	Most of the Time	All of the Time	
Stayed indoors most of the day because of foot problems?	1	2	3	4	5	6	
Limit your outdoor activities because of foot problems?	1	2	3	4	5	6	7 = No outdoor activities
Limit your leisure/sport activities because of foot problems?	1	2	3	4	5	6	7 = Do not play sports

SOCIAL ISSUES

PLEASE READ BEFORE ANSWERING.

- Please circle the number that indicates how often you experienced the following feelings in the past week because of your feet.
- For example, when asked how often you felt embarrassment due to footwear because of foot problems, if you felt embarrassment “None of the time,” circle the number 1 and if you felt embarrassment “All of the time,” circle the number 6.
- If, for some items, the question does not apply, circle the number 7.
- Please provide an answer for every item.

3. DURING THE PAST WEEK, HOW MUCH OF THE TIME DID YOU EXPERIENCE:

Social Issues	None of the Time	A little of the Time	Some of the Time	Much of the Time	Most of the Time	All of the Time
Embarrassment due to footwear?	1	2	3	4	5	6
Feeling awful because of foot problems?	1	2	3	4	5	6
Limited social activities due to foot problems?	1	2	3	4	5	6
Difficulty participating in social activities due to footwear?	1	2	3	4	5	6
Burden of taking medication to control foot pain?	1	2	3	4	5	6
Concern about limited work around the house?	1	2	3	4	5	6

Thank you for participating in this study.

Pain score: _____

Stiffness score: _____

Difficulty score: _____

Activity score: _____

Social score: _____

Cumulative score: _____