

Table E1
AOS SCALE

A/ PAIN

The line next to each item represents the amount of pain you typically had in each situation. On the far left is “No pain” and on the far right is “Worst pain imaginable”. Place a mark on the line to indicate how bad your **ankle pain** was in each of the following situations during the *past week*. If you were not involved in one or more of these situations, mark that item NA.

How severe was your ankle pain:

N/A

1.	At its worst?	No pain	_____	Worst pain imaginable	_____
2.	Before you get up in the morning?	No pain	_____	Worst pain imaginable	_____
3.	When you walked barefoot?	No pain	_____	Worst pain imaginable	_____
4.	When you stood barefoot?	No pain	_____	Worst pain imaginable	_____
5.	When you walked wearing shoes?	No pain	_____	Worst pain imaginable	_____
6.	When you stood wearing shoes?	No pain	_____	Worst pain imaginable	_____
7.	When you walked wearing shoe inserts or braces?	No pain	_____	Worst pain imaginable	_____
8.	When you stood wearing shoe inserts or braces?	No pain	_____	Worst pain imaginable	_____
9.	At the end of the day?	No pain	_____	Worst pain imaginable	_____

_____/_____=_____%

B/DISABILITY

The line next to each item represents the amount of difficulty you had performing an activity. On the far left is “No difficulty” and on the far right is “So difficult unable”. Place a mark on the line to indicate how much difficulty you had performing each activity because of your *ankle* during the past week. If you did not perform an activity during the past week, place an ‘X’ in the column under the heading NA.

How much difficulty did you have:

N/A

1.	Walking around the house?	No difficulty	_____	So difficult unable	_____
2.	Walking outside on uneven ground?	No difficulty	_____	So difficult unable	_____
3.	Walking four or more blocks?	No difficulty	_____	So difficult unable	_____
4.	Climbing stairs?	No difficulty	_____	So difficult unable	_____
5.	Descending stairs?	No difficulty	_____	So difficult unable	_____
6.	Standing on tiptoes?	No difficulty	_____	So difficult unable	_____
7.	Getting out of a chair?	No difficulty	_____	So difficult unable	_____
8.	Climbing up or down curbs?	No difficulty	_____	So difficult unable	_____
9.	Walking fast or running?	No difficulty	_____	So difficult unable	_____

_____/_____=_____%