

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 | _____ |

_____/_____=_____%