

Date when answering: — —

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SELF-REPORTED FOOT & ANKLE QUESTIONNAIRE (SEFAS)

We would like you to answer the 12 questions below. Each question is graded from 0- 4
4 = the mildest or least troublesome and 0 = the most severe or most troublesome.

Please cross the box that best describes your condition during the last 4 weeks

<p>1. How would you describe the pain you usually have from the foot/ankle in question?</p> <p>4 <input type="checkbox"/> None 3 <input type="checkbox"/> Very mild 2 <input type="checkbox"/> Mild 1 <input type="checkbox"/> Moderate 0 <input type="checkbox"/> Severe</p>	<p>5. How much has the pain from the foot/ankle in question interfered with your usual work including housework and hobbies?</p> <p>4 <input type="checkbox"/> Not at all 3 <input type="checkbox"/> A bit 2 <input type="checkbox"/> Moderately 1 <input type="checkbox"/> Greatly 0 <input type="checkbox"/> Totally</p>
<p>2. For how long have you been able to walk before severe pain arises from the foot/ ankle in question?</p> <p>4 <input type="checkbox"/> No pain up 30 min. 3 <input type="checkbox"/> 16-30 minutes 2 <input type="checkbox"/> 5-10 minutes 1 <input type="checkbox"/> Around the house only 0 <input type="checkbox"/> Unable to walk at all because of severe pain</p>	<p>6. Have you been limping when walking because of the foot/ankle in question?</p> <p>4 <input type="checkbox"/> No days 3 <input type="checkbox"/> Only one or two days 2 <input type="checkbox"/> <i>Some days</i> 1 <input type="checkbox"/> Most days 0 <input type="checkbox"/> Every day</p>
<p>3. Have you been able to walk on uneven ground?</p> <p>4 <input type="checkbox"/> Yes, easily 3 <input type="checkbox"/> With little difficulty 2 <input type="checkbox"/> With moderate difficulty 1 <input type="checkbox"/> With extreme difficulty 0 <input type="checkbox"/> No impossible</p>	<p>7. Have you been able to climb <i>a flight of stairs</i>?</p> <p>4 <input type="checkbox"/> Yes, easily 3 <input type="checkbox"/> With little difficulty 2 <input type="checkbox"/> With moderate difficulty 1 <input type="checkbox"/> With extreme trouble 0 <input type="checkbox"/> Impossible</p>
<p>4. Have you had to use an orthotic (shoe insert), heel lift or special shoes?</p> <p>4 <input type="checkbox"/> Never 3 <input type="checkbox"/> Occasionally 2 <input type="checkbox"/> Often 1 <input type="checkbox"/> Most of the time 0 <input type="checkbox"/> Always</p>	<p>8. Have you been troubled by pain from the foot/ ankle in question in bed at night?</p> <p>4 <input type="checkbox"/> No night) 3 <input type="checkbox"/> Only one or two nights 2 <input type="checkbox"/> Some nights 1 <input type="checkbox"/> Most nights 0 <input type="checkbox"/> Every night</p>
<p>9. How much has pain from the foot/ankle in question affected your usual recreational activities?</p> <p>4 <input type="checkbox"/> Not at all 3 <input type="checkbox"/> A bit 2 <input type="checkbox"/> Moderately 1 <input type="checkbox"/> Greatly 0 <input type="checkbox"/> Totally</p>	<p>11. After a meal (sat at a table) how painful has it been for you to stand up from a chair because of the foot/ankle in question?</p> <p>4 <input type="checkbox"/> Not at all painful 3 <input type="checkbox"/> Slightly painful 2 <input type="checkbox"/> Moderately painful 1 <input type="checkbox"/> Very painful 0 <input type="checkbox"/> Unbearable</p>
<p>10. Have you had swelling of your foot?</p> <p>4 <input type="checkbox"/> None at all 3 <input type="checkbox"/> Occasionally 2 <input type="checkbox"/> Often 1 <input type="checkbox"/> Most of the time 0 <input type="checkbox"/> All the time</p>	<p>12. Have you had a severe sudden pain shooting, stabbing or spasms from the foot/ankle in question?</p> <p>4 <input type="checkbox"/> No days 3 <input type="checkbox"/> Only one or two days 2 <input type="checkbox"/> Some day 1 <input type="checkbox"/> Most days 0 <input type="checkbox"/> Every day</p>

THANK YOUR FOR COMPLETING THESE QUESTIONS