

Hallux Metatarsophalangeal-Interphalangeal Scale

I Pain (40 Points)

None	40
Mild, occasional	30
Moderate, daily	20
Severe, almost always present	0

II Function (45 points)

Activity limitations	
No limitations	10
No limitation of daily activities, such as employment	7
Limited daily and recreational activities	4
Severe limitation of daily and recreational activities	0

Footwear requirements	
Fashionable, conventional shoes, no insert required	5
Comfort footwear, shoe insert	3
Modified shoes or brace	0

MTP joint motion (dorsiflexion plus plantarflexion)	
Normal or mild restriction (75° or more)	10
Moderate restriction (30°-74°)	5
Severe restriction (less than 30°)	0

IP joint motion (plantarflexion)	
No restriction	5
Severe restriction (less than 10°)	0

MTP-IP stability (all directions)	
Stable	5
Definitely unstable or able to dislocate	0

Callus related to hallux MTP-IP	
No callus or asymptomatic callus	5
Callus, symptomatic	0

III Alignment (15 points)

Good, hallux well aligned	15
Fair, some degree of hallux malalignment observed, no symptoms	8
Poor, obvious symptomatic malalignment	0

Total=100

American Orthopaedic Foot and Ankle Society

SF-12 Health Survey

This survey asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities. **Answer each question by choosing just one answer.** If you are unsure how to answer a question, please give the best answer you can.

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

- ₁ Excellent ₂ Very good ₃ Good ₄ Fair ₅ Poor

The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

	YES, limit ed a	YES, limit ed a	NO, not limite
2. Moderate activities such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Climbing several flights of stairs.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

YES

NO

4. **Accomplished less** than you would like.

₁

₂

5. Were limited in the **kind** of work or other activities.

₁

₂

During the past 4 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)?

YES

NO

6. **Accomplished less** than you would like.

₁

₂

7. Did work or activities **less carefully than usual**.

₁

₂

8. During the past 4 weeks, how much did pain interfere with your normal work (including work outside the home and housework)?

₁ Not at all

₂ A little bit

₃ Moderately

₄ Quite a bit

₅ Extremely

These questions are about how you have been feeling during the past 4 weeks.

All of
the
time

Most
of the
time

A good
bit of
the time

S o m e
of the
time

A little
of the
time

N o n e
of the
time

9. Have you
felt calm & peaceful?

₁

₂

₃

₄

₅

₆

10. Did you have a
lot of energy?

₁

₂

₃

₄

₅

₆

11. Have you felt
down-hearted and
blue?

₁

₂

₃

₄

₅

₆

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 4 weeks...

12. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?

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

Patient name:

Date:

PCS:

MCS:

Visit type (circle one)

Preop

3 week

3 month

6 month

12

24 month

Other:
