

Ankle-Hindfoot Scale (100points Total)

I Pain (40 points)

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

II Function (50 points)

Activity limitations, support requirement	
No limitations, no support	10
No limitation of daily activities, limitation of recreational activities, no support	7
Limited daily and recreational activities, cane	4
Severe limitation of daily and recreational activities, walker, crutches, wheelchair, brace	0

Maximum walking distance, blocks	
Greater than 6	5
4-6	4
1-3	2
Less than 1	0

Walking surfaces	
No difficulty on any surface	5
Some difficulty on uneven terrain, stairs, inclines, ladders	3
Severe difficulty on uneven terrain, stairs, inclines, ladders	0

Gait	
None, slight	8
Obvious	4
Marked	0

Sagittal motion (flexion plus extension)	
Normal or mild restriction (30° or more)	8
Moderate restriction (15°-29°)	4
Severe restriction (less than 150)	0

Hindfoot motion (inversion plus eversion)	
Normal or mild restriction (75%-100% normal)	6
Moderate restriction (25%-74% normal)	3
Marked restriction (less than 25% normal)	0

Ankle-hindfoot stability (anteroposterior, varus-valgus)	
Stable	8
Definitely unstable	0

III Alignment (10 points)

Good, plantigrade foot, midfoot well aligned		15
Fair, plantigrade foot, some degree of midfoot malalignment	observed, no symptoms	8
Poor, nonplantigrade foot, severe malalignment, symptoms		0

Total=10
0

American Orthopaedic Foot and Ankle

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.	<input type="checkbox"/> 1	<input type="checkbox"/> 2
5. Were limited in the kind of work or other activities.	<input type="checkbox"/> 1	<input type="checkbox"/> 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.	<input type="checkbox"/> 1	<input type="checkbox"/> 2
7. Did work or activities less carefully than usual .	<input type="checkbox"/> 1	<input type="checkbox"/> 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	Some of the time	A little of the time	None of the time
9. Have you felt calm & peaceful?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
10. Did you have a lot of energy?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
11. Have you felt down-hearted and blue?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 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.)?

Patient name:	Date:	PCS:	MCS:
Visit type (circle one) Preop 3 week 3 month 6 month 12 month 24 month Other: _____			

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
