ID sticker here

MOxFQ
VAS
EQ-5D-5L

BOFAS Registry Version.

Prior to completing the Questionnaire please complete the following:-

Today's Date:

				2	0			
D	D	M	M	Y	Y	Y	Y	

On which side of your body is the affected joint, **for which you are receiving/have received treatment**.

Left ❑

Right ❑

Both ❑

To be completed by medical team:

Condition: _____

Pre-op ❑

Post-op ❑ _____months _____years

Entered on to registry ❑ Op on registry ❑

Height:_____ Weight:_____

BMI:_____ ASA:_____

Co-morbidities:_____

_____

Please complete for <u>both</u> feet Please tick (✓) one box for each statement.

1. <u>During the past 4 weeks</u> this has applied to me:

I have pain in my foot/ankle

	None of the time	Rarely	Some of the time	Most of the time	All of the time
Right	☐	☐	☐	☐	☐
Left	☐	☐	☐	☐	☐

2. <u>During the past 4 weeks</u> this has applied to me:

I avoid walking long distances because of pain in my foot/ankle

	None of the time	Rarely	Some of the time	Most of the time	All of the time
Right	☐	☐	☐	☐	☐
Left	☐	☐	☐	☐	☐

3. <u>During the past 4 weeks</u> this has applied to me:

I change the way I walk due to pain in my foot/ankle

	None of the time	Rarely	Some of the time	Most of the time	All of the time
Right	☐	☐	☐	☐	☐
Left	☐	☐	☐	☐	☐

4. <u>During the past 4 weeks</u> this has applied to me:

I walk slowly because of pain in my foot/ankle

	None of the time	Rarely	Some of the time	Most of the time	All of the time
Right	☐	☐	☐	☐	☐
Left	☐	☐	☐	☐	☐

5. <u>During the past 4 weeks</u> this has applied to me:

I have to stop and rest my foot/ankle because of pain

	None of the time	Rarely	Some of the time	Most of the time	All of the time
Right	☐	☐	☐	☐	☐
Left	☐	☐	☐	☐	☐

6. <u>During the past 4 weeks</u> this has applied to me:

I avoid some hard or rough surfaces because of pain in my foot/ankle

	None of the time	Rarely	Some of the time	Most of the time	All of the time
Right	☐	☐	☐	☐	☐
Left	☐	☐	☐	☐	☐

7. During the past 4 weeks this has applied to me:

I avoid standing for a long time because of pain in my foot/ankle

	None of the time	Rarely	Some of the time	Most of the time	All of the time
Right	☐	☐	☐	☐	☐
Left	☐	☐	☐	☐	☐

8. During the past 4 weeks this has applied to me:

I catch the bus or use the car instead of walking, because of pain in my foot/ankle

	None of the time	Rarely	Some of the time	Most of the time	All of the time
Right	☐	☐	☐	☐	☐
Left	☐	☐	☐	☐	☐

9. During the past 4 weeks this has applied to me:

I feel self-conscious about my foot/ankle

	None of the time	Rarely	Some of the time	Most of the time	All of the time
Right	☐	☐	☐	☐	☐
Left	☐	☐	☐	☐	☐

10. During the past 4 weeks this has applied to me:

I feel self-conscious about the shoes I have to wear

None of the time	Rarely	Some of the time	Most of the time	All of the time
☐	☐	☐	☐	☐

11. During the past 4 weeks this has applied to me:

The pain in my foot/ankle is more painful in the evening

	None of the time	Rarely	Some of the time	Most of the time	All of the time
Right	☐	☐	☐	☐	☐
Left	☐	☐	☐	☐	☐

12. During the past 4 weeks this has applied to me:

I get shooting pains in my foot/ankle

	None of the time	Rarely	Some of the time	Most of the time	All of the time
Right	☐	☐	☐	☐	☐
Left	☐	☐	☐	☐	☐

13. During the past 4 weeks this has applied to me:

The pain in my foot/ankle prevents me from carrying out my work/everyday activities

	None of the time	Rarely	Some of the time	Most of the time	All of the time
Right	☐	☐	☐	☐	☐
Left	☐	☐	☐	☐	☐

14. During the past 4 weeks this has applied to me:

I am unable to do all my social or recreational activities because of pain in my foot/ankle

	None of the time	Rarely	Some of the time	Most of the time	All of the time
Right	☐	☐	☐	☐	☐
Left	☐	☐	☐	☐	☐

15. During the past 4 weeks...

How would you describe the pain you usually have in your foot/ankle?

	None	Very mild	Mild	Moderate	Severe
Right	☐	☐	☐	☐	☐
Left	☐	☐	☐	☐	☐

16. During the past 4 weeks...

Have you been troubled by pain from your foot/ankle in bed at night?

	No nights	Only 1 or 2 nights	Some nights	Most nights	Every night
Right	☐	☐	☐	☐	☐
Left	☐	☐	☐	☐	☐

17. In the last week how much pain have you experienced?

Please mark a point along the line that best represents your pain:
Where 0 = No pain whatsoever and 100 = The worst pain imaginable.

0 ——————————————————— **100**

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Under each heading, please tick ONE box that best describes your health TODAY.

Mobility:

I have no problems in walking about □
I have slight problems in walking about □
I have moderate problems in walking about □
I have severe problems in walking about □
I am unable to walk about □

Self care:

I have no problems washing or dressing myself □
I have slight problems washing or dressing myself □
I have moderate problems washing or dressing myself □
I have severe problems washing or dressing myself □
I am unable to wash or dress myself □

Usual activities: (eg work, study, housework, family or leisure activities)

I have no problems doing my usual activities □
I have slight problems doing my usual activities □
I have moderate problems doing my usual activities □
I have severe problems doing my usual activities □
I am unable to do my usual activities □

Pain / Discomfort:

I have no pain or discomfort □
I have slight pain or discomfort □
I have moderate pain or discomfort □
I have severe pain or discomfort □
I have extreme pain or discomfort □

Anxiety / Depression:

I am not anxious or depressed □
I am slightly anxious or depressed □
I am moderately anxious or depressed □
I am severely anxious or depressed □
I am extremely anxious or depressed □

Continued overleaf...

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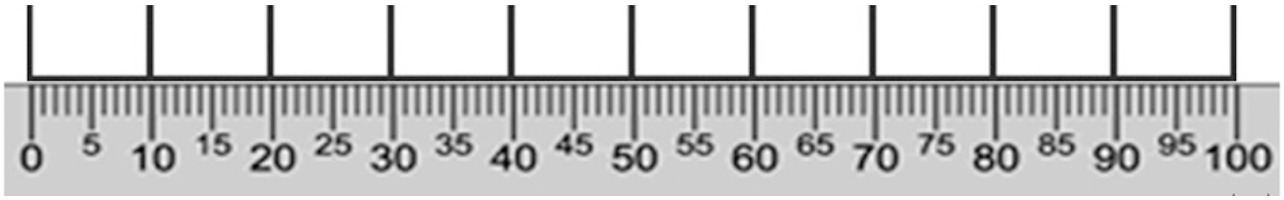
We would like to know how good or bad your health is TODAY.

- This scale is numbered from 0 to 100.
- 100 means the best health you can imagine.
- 0 means the worst health you can imagine.
- Mark an X on the scale to indicate how your health is TODAY.

Worst **Best**



Thank you for completing this form.