DUKE UNIVERSITY HEALTH SYSTEM

Study Title: Total Ankle Replacement for Ankle Arthritis

Date:

Visit:

- [ ] Pre-op
- [ ] 6 months post-op
- [ ] ___ years post-op

Visual Analog Scale

This form asks you how much pain you are having in your foot/ankle. Please place a dot along the vertical line that best matches the severity of your pain.

The Worst Imaginable Pain

No Pain

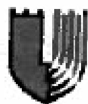
DUKE UNIVERSITY HEALTH SYSTEM

Study Title: Total Ankle Replacement for Ankle Arthritis

Short Musculoskeletal Function Assessment

These questions are about how much difficulty you may be having this week with your daily activities because of your injury or arthritis.

	Not at All Difficult	A Little Difficult	Moderately Difficult	Very Difficult	Unable To Do
1. How difficult is it for you to get in or out of a low chair?	☐	☐	☐	☐	☐
2. How difficult is it for you to open medicine bottles or jars?	☐	☐	☐	☐	☐
3. How difficult is it for you to shop for groceries or other things?	☐	☐	☐	☐	☐
4. How difficult is it for you to climb stairs?	☐	☐	☐	☐	☐
5. How difficult is it for you to make a tight fist?	☐	☐	☐	☐	☐
6. How difficult is it for you to get in or out of the bathtub or shower?	☐	☐	☐	☐	☐
7. How difficult is it for you to get comfortable to sleep?	☐	☐	☐	☐	☐
8. How difficult is it for you to bend or kneel down?	☐	☐	☐	☐	☐
9. How difficult is it for you to use buttons, snaps, hooks, or zippers?	☐	☐	☐	☐	☐
10. How difficult is it for you to cut your own fingernails?	☐	☐	☐	☐	☐
11. How difficult is it for you to dress yourself?	☐	☐	☐	☐	☐
12. How difficult is it for you to walk?	☐	☐	☐	☐	☐
13. How difficult is it for you to get moving after you have been sitting or lying down?	☐	☐	☐	☐	☐
14. How difficult is it for you to go out by yourself?	☐	☐	☐	☐	☐
15. How difficult is it for you to drive?	☐	☐	☐	☐	☐



DUKE UNIVERSITY HEALTH SYSTEM

Study Title: Total Ankle Replacement for Ankle Arthritis

These questions are about how much difficulty you may be having this week with your daily activities because of your injury or arthritis.

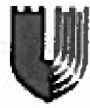
	Not at All Difficult	A Little Difficult	Moderately Difficult	Very Difficult	Unable To Do
16. How difficult is it for you to clean yourself after going to the bathroom?	☐	☐	☐	☐	☐
17. How difficult is it for you to turn knobs or levers (for example, to open doors or to roll down car windows)?	☐	☐	☐	☐	☐
18. How difficult is it for you to write or type?	☐	☐	☐	☐	☐
19. How difficult is it for you to pivot?	☐	☐	☐	☐	☐
20. How difficult is it for you to do your usual physical recreational activities, such as bicycling, jogging, or walking?	☐	☐	☐	☐	☐
21. How difficult is it for you to do your usual leisure activities, such as hobbies, crafts, gardening, card-playing, or going out with friends?	☐	☐	☐	☐	☐
22. How much difficulty are you having with sexual activity?	☐	☐	☐	☐	☐
23. How difficult is it for you to do light housework or yard work, such as dusting, washing dishes, or watering plants?	☐	☐	☐	☐	☐
24. How difficult is it for you to do heavy housework or yard work, such as washing floors, vacuuming, or mowing lawns?	☐	☐	☐	☐	☐
25. How difficult is it for you to do your usual work, such as a paid job, housework, or volunteer activities?	☐	☐	☐	☐	☐

DUKE UNIVERSITY HEALTH SYSTEM

Study Title: Total Ankle Replacement for Ankle Arthritis

These next questions ask how often you are experiencing problems this week because of your injury or arthritis.

	None of the Time	A Little of the Time	Some of the Time	Most of the Time	All of the Time
26. How often do you walk with a limp?	☐	☐	☐	☐	☐
27. How often do you avoid using your painful limb(s) or back?	☐	☐	☐	☐	☐
28. How often does your leg lock or give-way?	☐	☐	☐	☐	☐
29. How often do you have problems with concentration?	☐	☐	☐	☐	☐
30. How often does doing too much in one day affect what you do the next day?	☐	☐	☐	☐	☐
31. How often do you act irritable toward those around you (for example, snap at people, give sharp answers, or criticize easily)?	☐	☐	☐	☐	☐
32. How often are you tired?	☐	☐	☐	☐	☐
33. How often do you feel disabled?	☐	☐	☐	☐	☐
34. How often do you feel angry or frustrated that you have this injury or arthritis?	☐	☐	☐	☐	☐

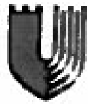


DUKE UNIVERSITY HEALTH SYSTEM

Study Title: Total Ankle Replacement for Ankle Arthritis

These questions are about how much you are bothered by problems you are having <u>this week</u> because of your injury or arthritis.

	Not at All Bothered	A Little Bothered	Moderately Bothered	Very Bothered	Extremely Bothered
35. How much are you bothered by problems using your hands, arms, or legs?	☐	☐	☐	☐	☐
36. How much are you bothered by problems using your back?	☐	☐	☐	☐	☐
37. How much are you bothered by problems doing work around your home?	☐	☐	☐	☐	☐
38. How much are you bothered by problems with bathing dressing, toileting, or other personal care?	☐	☐	☐	☐	☐
39. How much are you bothered by problems with sleep and rest?	☐	☐	☐	☐	☐
40. How much are you bothered by problems with leisure or recreational activities?	☐	☐	☐	☐	☐
41. How much are you bothered by problems with your friends, family, or other important people in your life?	☐	☐	☐	☐	☐
42. How much are you bothered by problems with thinking, concentrating, or remembering?	☐	☐	☐	☐	☐
43. How much are you bothered by problems adjusting or coping with your injury or arthritis?	☐	☐	☐	☐	☐
44. How much are you bothered by problems doing your usual work?	☐	☐	☐	☐	☐
45. How much are you bothered by problems with feeling dependent on others?	☐	☐	☐	☐	☐
46. How much are you bothered by problems with stiffness and pain?	☐	☐	☐	☐	☐

 DUKE UNIVERSITY HEALTH SYSTEM

Study Title: Total Ankle Replacement for Ankle Arthritis

Date:

Visit:

- ☐ Pre-op
- ☐ 6 months post-op
- ☐ ___ years post-op

SF-36(tm) Health Survey

Instructions for completing the questionnaire: Please answer every question. Some questions may look like others, but each one is different. Please take the time to read and answer each question carefully by filling in the bubble that best represents your response.

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

   - ❑ Excellent
   - ❑ Very good
   - ❑ Good
   - ❑ Fair
   - ❑ Poor

2. Compared to one year ago, how would you rate your health in general now?

   - ❑ Much better now than a year ago
   - ❑ Somewhat better now than a year ago
   - ❑ About the same as one year ago
   - ❑ Somewhat worse now than one year ago
   - ❑ Much worse now than one year ago

Questions continued on next page

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

a. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports.
- ❑ Yes, limited a lot.
- ❑ Yes, limited a little.
- ❑ No, not limited at all.

b. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?
- ❑ Yes, limited a lot.
- ❑ Yes, limited a little.
- ❑ No, not limited at all.

c. Lifting or carrying groceries.
- ❑ Yes, limited a lot.
- ❑ Yes, limited a little.
- ❑ No, not limited at all.

d. Climbing several flights of stairs.
- ❑ Yes, limited a lot.
- ❑ Yes, limited a little.
- ❑ No, not limited at all.

e. Climbing one flight of stairs.
- ❑ Yes, limited a lot.
- ❑ Yes, limited a little.
- ❑ No, not limited at all.

f. Bending, kneeling or stooping.
- ❑ Yes, limited a lot.
- ❑ Yes, limited a little.
- ❑ No, not limited at all.

g. Walking more than one mile.
- ❑ Yes, limited a lot.
- ❑ Yes, limited a little.
- ❑ No, not limited at all.

h. Walking several blocks.
- ❑ Yes, limited a lot.
- ❑ Yes, limited a little.
- ❑ No, not limited at all.

i. Walking one block.
- ❑ Yes, limited a lot.
- ❑ Yes, limited a little.
- ❑ No, not limited at all.

j. Bathing or dressing yourself.
- ❑ Yes, limited a lot.
- ❑ Yes, limited a little.
- ❑ No, not limited at all.

DUKE UNIVERSITY HEALTH SYSTEM

4. 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?

a. Cut down the amount of time you spent on work or other activities?
☐ Yes ☐ No

b. Accomplished less than you would like?
☐ Yes ☐ No

c. Were limited in the kind of work or other activities
☐ Yes ☐ No

d. Had difficulty performing the work or other activities (for example, it took extra time)
☐ Yes ☐ No

5. 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)?

a. Cut down the amount of time you spent on work or other activities?
☐ Yes ☐ No

b. Accomplished less than you would like
☐ Yes ☐ No

c. Didn't do work or other activities as carefully as usual
☐ Yes ☐ No

6. During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?

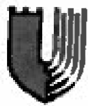
- ☐ Not at all
- ☐ Slightly
- ☐ Moderately
- ☐ Quite a bit
- ☐ Extremely

7. How much bodily pain have you had during the past 4 weeks?

- ☐ Not at all
- ☐ Slightly
- ☐ Moderately
- ☐ Quite a bit
- ☐ Extremely

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

- ☐ Not at all
- ☐ Slightly
- ☐ Moderately
- ☐ Quite a bit
- ☐ Extremely



DUKE UNIVERSITY HEALTH SYSTEM

Study Title: Total Ankle Replacement for Ankle Arthritis

9. These questions are about how you feel and how things have been with you during the past 4 weeks. 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.

a. did you feel full of pep?
- ❑ 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

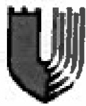
b. have you been a very nervous person?
- ❑ All of the time
- ❑ Most of the time
- ❑ A good bit of the time
- ❑ Some of the time
- ❑ A little of the time
- ❑ None of the time

c. have you felt so down in the dumps nothing could cheer you up?
- ❑ 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

d. have you felt calm and peaceful?
- ❑ 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

e. did you have a lot of energy?
- ❑ 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

f. have you felt downhearted and blue?
- ❑ 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



DUKE UNIVERSITY HEALTH SYSTEM

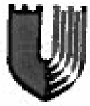
Question 9, continued:

g. did you feel worn out?
- ❑ 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

h. have you been a happy person?
- ❑ 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

i. did you feel tired?
- ❑ 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

10. 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.)?
- ❑ All of the time
- ❑ Most of the time
- ❑ Some of the time
- ❑ A little of the time
- ❑ None of the time



DUKE UNIVERSITY HEALTH SYSTEM

Study Title: Total Ankle Replacement for Ankle Arthritis

11. How TRUE or FALSE is each of the following statements for you?

a. I seem to get sick a little easier than other people
- ❑ Definitely true
- ❑ Mostly true
- ❑ Don't know
- ❑ Mostly false
- ❑ Definitely false

b. I am as healthy as anybody I know
- ❑ Definitely true
- ❑ Mostly true
- ❑ Don't know
- ❑ Mostly false
- ❑ Definitely false

c. I expect my health to get worse
- ❑ Definitely true
- ❑ Mostly true
- ❑ Don't know
- ❑ Mostly false
- ❑ Definitely false

d. My health is excellent
- ❑ Definitely true
- ❑ Mostly true
- ❑ Don't know
- ❑ Mostly false
- ❑ Definitely false

FAOS (Foot and Ankle Outcome Score) Questionnaire

NAME________________________ Date of Birth: __________ Subject ID: ____________________

MRN______________________ Gender __________ Date ____________________

FAOS Foot and Ankle Survery

		NEVER	MONTHLY	WEEKLY	DAILY	ALWAYS
P1	How often do you experience foot/ankle Pain	☐	☐	☐	☐	☐

Pain: What amount of foot/ankle pain have you experienced the last week during the following activities

		NONE	MILD	MODERATE	SEVERE	EXTREME
P2	Twisting/pivoting on your foot/ankle	☐	☐	☐	☐	☐
P3	Straightening foot/ankle fully	☐	☐	☐	☐	☐
P4	Bending foot/ankle fully	☐	☐	☐	☐	☐
P5	Walking on flat surface	☐	☐	☐	☐	☐
P6	Going up or down stairs	☐	☐	☐	☐	☐
P7	At night while in bed	☐	☐	☐	☐	☐
P8	Sitting or lying	☐	☐	☐	☐	☐
P9	Standing upright	☐	☐	☐	☐	☐

Symptoms: These questions should be answered thinking of your foot/ankle symptoms during the last week.

		NONE	MILD	MODERATE	SEVERE	EXTREME
S1	How severe is your foot/ankle stiffness after first waking up in the morning?	☐	☐	☐	☐	☐
S2	How severe is your foot/ankle stiffness after sitting/lying or resting later in the day?	☐	☐	☐	☐	☐
		NEVER	**RARELY**	**SOMETIMES**	**OFTEN**	**ALWAYS**
S3	Do you have swelling in your foot/ankle?	☐	☐	☐	☐	☐
S4	Do you feel grinding, hear clicking or any other type of noise when your foot/ankle moves?	☐	☐	☐	☐	☐
S5	Does your foot/ankle catch or hang up when moving?	☐	☐	☐	☐	☐
		ALWAYS	**OFTEN**	**SOMETIMES**	**RARELY**	**NEVER**
S6	Can you straighten your foot/ankle fully?	☐	☐	☐	☐	☐
S7	Can you bend your foot/ankle fully?	☐	☐	☐	☐	☐

Activities of Daily Life: please indicate the degree of difficulty you have experienced in the last week due to your foot/ankle

		NONE	MILD	MODERATE	SEVERE	EXTREME
A1	Descending stairs	☐	☐	☐	☐	☐
A2	Ascending stairs	☐	☐	☐	☐	☐
A3	Rising from sitting	☐	☐	☐	☐	☐
A4	Standing	☐	☐	☐	☐	☐
A5	Bending to floor/pick up an object	☐	☐	☐	☐	☐
A6	Walking on flat surface	☐	☐	☐	☐	☐
A7	Getting in/out of car	☐	☐	☐	☐	☐
A8	Going shopping	☐	☐	☐	☐	☐
A9	Putting on socks/stockings	☐	☐	☐	☐	☐
A10	Rising from bed	☐	☐	☐	☐	☐
A11	Taking off socks/stockings	☐	☐	☐	☐	☐
A12	Lying in bed (turning over, maintaining foot/ankle position)	☐	☐	☐	☐	☐
A13	Getting in/out of bath	☐	☐	☐	☐	☐
A14	Sitting	☐	☐	☐	☐	☐

Osteoarthritis questionnaire

Please indicate the degree of difficulty you have experienced in the last week due to your foot/ankle

		NONE	MILD	MODERATE	SEVERE	EXTREME
A15	Getting on/off toilet	☐	☐	☐	☐	☐
A16	Heavy domestic duties (moving heavy boxes, scrubbing floors, etc)	☐	☐	☐	☐	☐
A17	Light domestic duties (cooking, dusting, etc)	☐	☐	☐	☐	☐

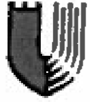
Function, sports and recreational activities

Please indicate the degree of difficulty you have experienced in the last week due to your foot/ankle

		NONE	MILD	MODERATE	SEVERE	EXTREME
SP1	Squatting	☐	☐	☐	☐	☐
SP2	Running	☐	☐	☐	☐	☐
SP3	Jumping	☐	☐	☐	☐	☐
SP4	Twisting/pivoting on your injured foot/ankle	☐	☐	☐	☐	☐
SP5	Kneeling	☐	☐	☐	☐	☐

Foot and Ankle Related Quality of Life

		NEVER	MONTHLY	WEEKLY	DAILY	ALWAYS
Q1	How often are you aware of your foot/ankle problem?	☐	☐	☐	☐	☐
		NOT AT ALL	MILD	MODERATE	SEVERE	TOTAL
Q2	Have you modified your life style to avoid potentially damaging activities to your foot/ankle?	☐	☐	☐	☐	☐
Q3	How much are you troubled with lack of confidence in your foot/ankle?	☐	☐	☐	☐	☐
		NONE	MILD	MODERATE	SEVERE	EXTREME
Q4	In general, how much difficulty do you have with your foot/ankle?	☐	☐	☐	☐	☐

 DUKE UNIVERSITY HEALTH SYSTEM

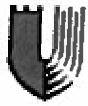
Study Title: Total Ankle Replacement for Ankle Arthritis

AOFAS Ankle-Hindfoot Scale

Please place a checkmark or X next to the most appropriate answer to the questions below. If you are having difficulty or do not understand a question, please ask your doctor.

1. Please describe your pain:
   - None
   - Mild-- occasional
   - Moderate -- daily
   - Severe -- almost always present
2. Please describe your current level of activity:
   - No limitation of daily activities
   - No limitation of daily activities but limited recreational activities
   - Need a cane to perform daily and recreational activities
   - Need brace, walker, crutches, or wheelchair to perform daily and recreational activities
3. What is the maximum distance you can walk?
   - Greater than 6 blocks
   - 4-6 blocks
   - 1-3 blocks
   - Less than 1 block
4. What surfaces do you have difficulty walking on?
   - No difficulty on any surface
   - Some difficulty on uneven terrain, stairs, inclines, or ladders
   - Severe difficulty on uneven terrain, stairs, inclines, or ladders

Please stop here. Your doctor will complete the remainder of the form

 DUKE UNIVERSITY HEALTH SYSTEM

Study Title: Total Ankle Replacement for Ankle Arthritis

5. Gait abnormality
   - [ ] None, slight
   - [ ] Obvious
   - [ ] Marked

6. Sagittal motion (flexion plus extension)
   - [ ] Normal or mild restriction (30° or more)
   - [ ] Moderate restriction (15°-29°)
   - [ ] Severe restriction (less than 15°)

7. Hindfoot motion (inversion plus eversion)
   - [ ] Normal or mild restriction (75%-100% normal)
   - [ ] Moderate restriction (25%-74% normal)
   - [ ] Marked restriction (less than 25% normal)

8. Ankle-hindfoot stability (anteroposterior, varus-valgus)
   - [ ] Stable
   - [ ] Definitely unstable

9. Alignment
   - [ ] Good, plantigrade foot, midfoot well aligned
   - [ ] Fair, plantigrade foot, some degree of midfoot malalignment observed, no symptoms
   - [ ] Poor, nonplantigrade foot, severe malalignment, symptoms