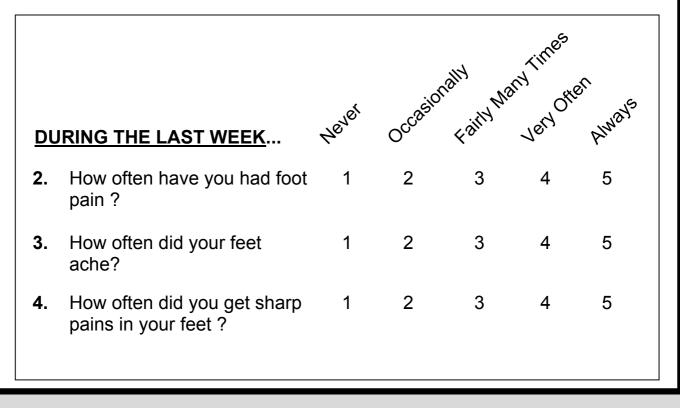
The Foot Health Status Questionnaire

INSTRUCTIONS

- This questionnaire asks for your views about your foot health.
- All you need to do is circle your answer to each question.
- If you are unsure about how to answer a question, please give the best answer you can.

The following questions are about the foot pain you have had <u>during</u> the past week.

(circle a number for each question below)



| These questions are about how much your <u>feet</u> interfere with activities you might do during a typical day. | | | | | | | | | | | | |
|--|---|---------------|---|----------|------------|-------------|-------------|--|--|--|--|--|
| | | | (circle a number for each question below) | | | | | | | | | |
| DURING THE LAST WEEK | | | | | | | | | | | | |
| | | | Notatal | Silotty | Moderate | duite a bi | t Extremelt | | | | | |
| 5. | Have your <u>fe</u> to have diffic work or activi | • | 1 | 2 | 3 | 4 | 5 | | | | | |
| 6. | Were you lim of work you o because of y | | 1 | 2 | 3 | 4 | 5 | | | | | |
| DUR | RING THE LAS | <u>T WEEK</u> | Not at All | Slightly | Moderately | Quite a bit | Extremely | | | | | |
| 7. | How much do <u>health</u> limit yo | 1 | 2 | 3 | 4 | 5 | | | | | | |
| 8. | How much do <u>health l</u> imit yo stairs ? | 1 | 2 | 3 | 4 | 5 | | | | | | |
| 9. How would you rate your overall <u>foot health</u> ? (circle number) | | | | | | | | | | | | |
| Excellent 1 | | | | | | | | | | | | |
| Very Good 2 | | | | | | | | | | | | |
| Good 3 | | | | | | | | | | | | |
| Fair 4 | | | | | | | | | | | | |
| Poor 5 | | | | | | | | | | | | |
| L | | Please turn | to the ne | xt page | | | | | | | | |

| The following questions are about the <u>shoes that you wear</u> . Please circle the response which best describes your situation. | | | | | | | | | | |
|--|--|--------|---------|------------|-------------|-----------------|--|--|--|--|
| | | strong | NA OTEE | Neithernor | gree pieagr | ee strongly ree | | | | |
| 10. | It is hard to find shoes that do not hurt my feet. | 1 | 2 | 3 | 4 | 5 | | | | |
| 11. | I have difficulty in finding shoes that fit my feet. | 1 | 2 | 3 | 4 | 5 | | | | |
| 12. | I am limited in the number of shoes I can wear. | 1 | 2 | 3 | 4 | 5 | | | | |
| 13. In general, what condition would you say your feet are in ? (circle number) | | | | | | | | | | |
| | Excellent 1 | | | | | | | | | |
| | Very Good 2 | | | | | | | | | |
| | Good 3 | | | | | | | | | |
| Fair 4 | | | | | | | | | | |
| Poor 5 | | | | | | | | | | |
| Please write some comments about the <u>current state of your feet</u> : | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Supplemental Material A. Foot Health Status Questionnaire (Foot health section)