

MANCHESTER-OXFORD FOOT QUESTIONNAIRE (MOXFQ)

<i>Circle as appropriate:</i> RIGHT / LEFT <i>During the past 4 weeks this has applied to me:</i>	<i>Please tick ✓ one box for each statement</i>				
	None of the time	Rarely	Some of the time	Most of the time	All of the time
1. I have pain in my foot/ankle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I avoid walking long distances because of pain in my foot/ankle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I change the way I walk due to pain in my foot/ankle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I walk slowly because of pain in my foot/ankle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I have to stop and rest my foot/ankle because of pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I avoid some hard or rough surfaces because of pain in my foot/ankle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I avoid standing for a long time because of pain in my foot/ankle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I catch the bus or use the car instead of walking, because of pain in my foot/ankle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I feel self-conscious about my foot/ankle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I feel self-conscious about the shoes I have to wear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please turn to next page

<i>During the past 4 weeks this has applied to me:</i>	<i>Please tick ✓ one box for each statement</i>				
	None of the time	Rarely	Some of the time	Most of the time	All of the time
11. The pain in my foot/ankle is more painful in the evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I get shooting pains in my foot/ankle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. The pain in my foot/ankle prevents me from carrying out my work/everyday activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I am <u>unable</u> to do all my social or recreational activities because of pain in my foot/ankle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. During the past 4 weeks how would you describe the pain you <u>usually</u> have in your foot/ankle? <i>(please tick one box)</i>					
None <input type="checkbox"/>	Very mild <input type="checkbox"/>	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>	
16. During the past 4 weeks have you been troubled by <u>pain from your foot/ankle</u> in bed at night? <i>(please tick one box)</i>					
No nights <input type="checkbox"/>	Only 1 or 2 nights <input type="checkbox"/>	Some nights <input type="checkbox"/>	Most nights <input type="checkbox"/>	Every night <input type="checkbox"/>	

Supplemental Material C. Manchester-Oxford Foot Questionnaire

Finally, please check that you have answered every question

Thank you very much