

Ankle Osteoarthritis Scale: RIGHT SIDE

INSTRUCTIONS: The line next to each item represents the amount of pain you typically had in each situation. On the far left is “No pain” and on the far right is “The worst pain imaginable.” Place a mark on the line to indicate how bad your *ankle* pain was in each of the following situations during the *past week*. If you were not involved in one or more of these situations, mark that item NA.

Questions: How severe was your *ankle* pain:

- | | No
Pain | Worst Pain
Imaginable |
|--|------------|--------------------------|
| 1. At its worst? | _____ | |
| 2. Before you get up in the morning? | _____ | |
| 3. When you walked barefoot? | _____ | |
| 4. When you stood barefoot? | _____ | |
| 5. When you walked wearing shoes? | _____ | |
| 6. When you stood wearing shoes? | _____ | |
| 7. When you walked wearing shoe inserts or braces? | _____ | |
| 8. When you stood wearing shoe inserts or braces? | _____ | |
| 9. At the end of the day? | _____ | |

INSTRUCTIONS: The line next to each item represents the amount of difficulty you had performing an activity. On the far left is “No difficulty” and on the far right is “So difficult unable.” Place a mark on the line to indicate how much difficulty you had performing each activity because of your *ankle* during the past week. If you did not perform an activity during the past week, mark that item NA.

Questions: How much difficulty did you have:

- | | No
Difficulty | So Difficult
Unable |
|--------------------------------------|------------------|------------------------|
| 1. Walking around the house? | _____ | |
| 2. Walking outside on uneven ground? | _____ | |
| 3. Walking four blocks or more? | _____ | |
| 4. Climbing stairs? | _____ | |
| 5. Descending stairs? | _____ | |
| 6. Standing on tip toes? | _____ | |
| 7. Getting out of a chair? | _____ | |
| 8. Climbing up or down curbs? | _____ | |
| 9. Walking fast or running? | _____ | |