Name: ____________________________

1. What is the main issue that brought you in today (check all that are appropriate):
   - Pain
   - Instability
   - Failed surgery
   - Second opinion
   - Deformity
   - Bunion
   - Uncomfortable shoe wear
   - Sprain
   - Recent Injury

2. How long has the current problem been going on?

3. Which side is involved?  
   - Right
   - Left
   - Both
   If pain is the concern, please use an arrow to indicate the area on the diagram that hurts the most. If more than one area of pain exists, please rank the sites from most to least painful (ie #1, #2, etc). If both sides are involved label the areas L (left) and R (right)

4. On a scale of 0 to 10 what is the level of pain? ______

5. Does this affect you mainly while:  
   - standing
   - sitting
   - both

6. Is the problem:  
   - improving
   - worsening
   - staying the same

7. Does this problem occur:  
   - with shoes
   - without shoes
   - both

8. What % of sitting ______ and standing ______ do you have at work?

9. What activity are you unable to enjoy as a result of this condition?

10. Circle the treatments that you have tried until this point?
    - Brace
    - Rest
    - Ice
    - Injection
    - Anti-inflammatory
    - Physical Therapy
    - Prolotherapy
    - Massage
    - Chiropractor
    - Orthotic
    - Change of Job
    - New shoes
    - Elevation
    - Surgery
Dr. Sealey’s
Foot & Ankle Questionnaire

Age _______  Ht _______  Wt _______  Pulse _______  Reg / Irreg

Upper Extremities: Normal / (Hyperlaxity Y N)

Standing: Arch (Flat / Normal / High)  Hindfoot (Varus / Neutral / Valgus)

Gait: Normal / Antalgic (L R) / Slow / Unable

Single Heel Raise: Normal / Painful (L R) / Unable (L R)

ROM:
R (A / H / TT / MTP / )

L (A / H / TT / MTP / )

Ankle Stability: Drawer R ___ L ___  Passive Inv R ___ L ___

Skin:

Palpation:

Right __________________________ Left

Hindfoot –

Midfoot –

Forefoot –

Sensory: DPN/SPN/Sur/Saph/Tib

Motor: TA/EDL/PTT/FDL/ FHL/PL/PB/GS

Pulse: ___ + DP, ___ + PT

X-ray: Ankle –

PMHx: DM/RA/PVD

PSHx: Meds:

Foot –

All:

Dx: Soc: Smoke / Alc / Drugs

Plan:

DME: