

## FOTO Patient Intake Survey

### Foot, Ankle, Lower Leg (without knee)

<b>Staff to Complete</b>	
PATIENT NAME: _____	Patient ID: _____
Gender: Male / Female    Date of Birth: ____/____/____	Clinician: _____
Body Part _____	Impairment _____    Care Type _____
Payer Source _____ <i>(Type of Plan such as Preferred Provider, HMO, WC, Auto Insurance, etc.)</i>	
Date of Survey: ____/____/____	

The following assessment will ask you about difficulties you may have with certain activities. It's an important part of your evaluation. It will help us:

- understand how your condition is affecting your activities, and
- develop treatment goals with you.

Please answer the questions with respect to the problem for which we are seeing you. Respond based on how you have been over the past few days.

Today, because of your affected foot / ankle / lower leg, do you or would you have any difficulty...	Extreme difficulty / Unable to do	Quite a bit of difficulty	Moderate difficulty	A little bit of difficulty	No difficulty
1. With any of your usual work, housework, or school activities?					
2. Getting into or out of the bath?					
3. Walking between rooms?					
4. Lifting an object, like a bag of groceries, from the floor?					
5. Performing light activities around your home?					
6. Performing heavy activities around your home?					
7. Walking two blocks?					
8. Getting up or down 10 stairs (about 1 flight of stairs)?					
9. Standing for 1 hour?					
10. Running on uneven ground?					

11. Rate the level of pain you have had in the last 24 hours (please circle response):

0    1    2    3    4    5    6    7    8    9    10  
 (None) (Pain as bad as it can be)

12. Please indicate the number of surgeries for your primary condition.

- None     1     2     3     4+

13. How many days ago did the condition begin?

- 0-7 days     8-14     15-21     22-90     91 days to 6 mos.     Over 6 mos. ago

14. Are you taking prescription medication for this condition?

- Yes     No

15. Have you received treatments for this condition before?

- Yes     No