



FUNCTIONAL ASSESSMENT: FOOT / ANKLE / KNEE

PATIENT NAME: _____ DATE: _____

In the box, check the number corresponding to your ability to do the following activities: (0 = unable; 1 = great difficulty; 2 = moderate difficulty; 3 = minimal difficulty; 4 = normal; NA = not applicable)

DATE	0 Unable	1 Great Difficulty	2 Moderate Difficulty	3 Minimal Difficulty	4 Normal	N/A Not applicable
Sleep through night						
Get in/out of chair						
Stand						
Walk outdoors						
Walk in community						
Climb stairs						
Descend stairs						
Get in/out of car						
Drive a car						
Housework (general)						
Kneel						
Squat						
Lift/carry 10-20 lbs						
Climb ladder						
Usual work (general)						
Yard work						
Run						
Usual sport						
Other						