

# The Manchester Foot Pain and Disability Index

Below are some statements about problems people have **because of pain in their feet**.

For each statement indicate if this has applied to you **during the past month**. If so, was this only on some days or on most or every day in the past month?

**PLEASE TICK A BOX FOR EACH STATEMENT.**

During the past month this has applied to me

Because of pain in my feet:

	None of the time	On some days	On most/ every day(s)
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I avoid walking outside at all

I avoid walking long distances

I don't walk in a normal way

I walk slowly

I have to stop and rest my feet

I avoid hard or rough surfaces when possible

I avoid standing for a long time

I catch the bus or use the car more often

I need help with housework/shopping

I get irritable when my feet hurt

Because of pain in my feet:

I feel self-conscious about my feet

I feel self-conscious about the shoes I have to wear

I still do everything but with more pain and discomfort

I have constant pain in my feet

My feet are worse in the morning

My feet are more painful in the evening

I get shooting pains in my feet

Because of pain in my feet:

	None of the time	On some days	On most/ every day(s)	Not applicable
I am unable to carry out my previous work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I no longer do all my previous activities (sport, dancing, hill walking etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I no longer do all my previous activities (sport, dancing, hill walking etc)

TICK HERE WHEN YOU HAVE READ ALL THE STATEMENTS ON THIS PAGE