

USE

Manchester-Oxford Foot Questionnaire (MOxFQ)

English version for the United Kingdom

Prior to completing the Questionnaire please complete the following:-

Today's Date:

D	D	M	M	2	0				
				Y	Y	Y	Y		

On which side of your body is the affected joint, **for which you are receiving/have received treatment.**

- Left
- Right
- Both

If you said 'both', please complete the first questionnaire thinking about the right side. A second questionnaire, for the left side, will follow.

1. During the past 4 weeks this has applied to me:

I have pain in my foot/ankle

None of the time	Rarely	Some of the time	Most of the time	All of the time
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. During the past 4 weeks this has applied to me:

I avoid walking long distances because of pain in my foot/ankle

None of the time	Rarely	Some of the time	Most of the time	All of the time
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. During the past 4 weeks this has applied to me:

I change the way I walk due to pain in my foot/ankle

None of the time	Rarely	Some of the time	Most of the time	All of the time
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. During the past 4 weeks this has applied to me:

I walk slowly because of pain in my foot/ankle

None of the time	Rarely	Some of the time	Most of the time	All of the time
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. During the past 4 weeks this has applied to me:

I have to stop and rest my foot/ankle because of pain

None of the time	Rarely	Some of the time	Most of the time	All of the time
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. During the past 4 weeks this has applied to me:

I avoid some hard or rough surfaces because of pain in my foot/ankle

None of the time	Rarely	Some of the time	Most of the time	All of the time
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. During the past 4 weeks this has applied to me:

I avoid standing for a long time because of pain in my foot/ankle

None of the time	Rarely	Some of the time	Most of the time	All of the time
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. During the past 4 weeks this has applied to me:

I catch the bus or use the car instead of walking, because of pain in my foot/ankle

None of the time	Rarely	Some of the time	Most of the time	All of the time
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. During the past 4 weeks this has applied to me:

I feel self-conscious about my foot/ankle

None of the time	Rarely	Some of the time	Most of the time	All of the time
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. During the past 4 weeks this has applied to me:

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

None of the time	Rarely	Some of the time	Most of the time	All of the time
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. During the past 4 weeks this has applied to me:

The pain in my foot/ankle is more painful in the evening

None of the time	Rarely	Some of the time	Most of the time	All of the time
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. During the past 4 weeks this has applied to me:

I get shooting pains in my foot/ankle

None of the time	Rarely	Some of the time	Most of the time	All of the time
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. During the past 4 weeks this has applied to me:

The pain in my foot/ankle prevents me from carrying out my work/everyday activities

None of the time Rarely Some of the time Most of the time All of the time

14. During the past 4 weeks this has applied to me:

I am unable to do all my social or recreational activities because of pain in my foot/ankle

None of the time Rarely Some of the time Most of the time All of the time

15. During the past 4 weeks...

How would you describe the pain you usually have in your foot/ankle?

None Very mild Mild Moderate Severe

16. During the past 4 weeks...

Have you been troubled by pain from your foot/ankle in bed at night?

No nights Only 1 or 2 nights Some nights Most nights Every night

Finally, please check that you have answered every question.

Thank you very much.