

**UTAH ORTHOPAEDIC SPECIALISTS**  
**Ankle/Foot Questionnaire**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. Do you have a history of a deep vein clot or pulmonary embolism? \_\_\_\_\_
2. What happened to your ankle/foot? \_\_\_\_\_  
\_\_\_\_\_
3. When did it happen? Date: \_\_\_\_\_ Which side? L or R
4. How long have you had pain? Years: \_\_\_\_\_ Months: \_\_\_\_\_ Weeks: \_\_\_\_\_
5. What activities cause pain? \_\_\_\_\_
6. Type of pain/discomfort (e.g., achy, burning, sharp) \_\_\_\_\_
7. The pain is (circle one): mild; moderate; severe
8. How long does it last? \_\_\_\_\_
9. Any specific activity? \_\_\_\_\_
10. What makes it worse? \_\_\_\_\_
11. What makes it better? \_\_\_\_\_
12. Associated symptoms (e.g., numbness, tingling, weakness, etc.)? Describe them: \_\_\_\_\_  
\_\_\_\_\_
13. What treatment have you had in the past (include physical therapy)? \_\_\_\_\_
14. Are you (please circle) better, worse, or the same since your treatment began? \_\_\_\_\_
15. Do you have pain at night? Yes or No
16. Have you ever had any surgery done on your ankle? Yes or No
17. Have you ever had a cortisone injection in your ankle? Yes or No  
If so, how many times? \_\_\_\_\_  
When were the shots given? Date: \_\_\_\_\_  
How long did the injection last? \_\_\_\_\_
18. What athletic activities do you participate in? Please list: \_\_\_\_\_
19. Who referred you to this office? \_\_\_\_\_
20. How bad is your pain today (mark line with an X)?  
\_\_\_\_\_

No pain at all

Pain as bad as it can be