



# Physical Therapy & Vestibular Rehabilitation

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## FOOT AND ANKLE DISABILITY INDEX (FADI)

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

**Instructions: Please answer the following questions by circling a number from 0-4. If you feel a question does not pertain to you please put a NA (not applicable) in the space.**

0=No difficulty at all 1=Slight difficulty 2=Moderate difficulty 3=Extreme difficulty 4=Unable to do

Standing	0	1	2	3	4
Walking on even ground	0	1	2	3	4
Walking on even ground without shoes	0	1	2	3	4
Walking up hills	0	1	2	3	4
Walking down hills	0	1	2	3	4
Going up stairs	0	1	2	3	4
Going down stairs	0	1	2	3	4
Walking on uneven ground	0	1	2	3	4
Stepping up and down curves	0	1	2	3	4
Squatting	0	1	2	3	4
Sleeping	0	1	2	3	4
Coming up to your toes	0	1	2	3	4
Walking initially	0	1	2	3	4
Walking 5 minutes or less	0	1	2	3	4
Walking approx. 10 minutes	0	1	2	3	4
Walking 15 minutes or greater	0	1	2	3	4
Home responsibilities	0	1	2	3	4
Activities of daily living	0	1	2	3	4
Personal care	0	1	2	3	4
Light to moderate work (standing, walking)	0	1	2	3	4
Heavy work (push/pulling, climbing, carrying)	0	1	2	3	4
Recreational activities	0	1	2	3	4
<b>Total</b>					

### Pain related to the foot and ankle:

0=No Pain 1=Mild Pain 2=Moderate Pain 3=Severe Pain 4=Unbearable

General level of pain	0	1	2	3	4
Pain during your normal activity	0	1	2	3	4
Pain at rest	0	1	2	3	4
Pain first thing in the morning	0	1	2	3	4
<b>Total</b>					

Office Use Only: Score \_\_\_\_\_ / 104 points \_\_\_\_\_ % impairment



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