

## Ankle Pain Questionnaire

Which ankle is bothering you?                      Left                      Right                      Both

Did your ankle pain start with a specific injury?                      Yes                      No

If yes:              Date of injury: \_\_\_\_\_

Mechanism of injury: \_\_\_\_\_

Is the injury work related:                      Yes                      No

Did your ankle pain start with a particular activity?                      Yes                      No

If yes, what activity started the pain? \_\_\_\_\_

If there was no injury, when did the pain start? \_\_\_\_\_

What part of your ankle hurts?    Front                      Outside                      Back                      Inside

How would you describe your pain? (constant, intermittent, mild, moderate, severe, etc.)

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Do any of the following increase your ankle pain?

Prolonged walking:                      Yes    Minimally    No

Prolonged standing:                      Yes    Minimally    No

Running:                      Yes    Minimally    No

Sports:                      Yes    Minimally    No

Is there anything else that increases your pain? \_\_\_\_\_

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Do any of the following decrease your pain?

Rest:                      Yes    Minimally    No

Ice:                      Yes    Minimally    No

Heat:                      Yes    Minimally    No

Over the counter medicines (Tylenol/Advil):                      Yes    Minimally    No

Prescription pain medicines:                      Yes    Minimally    No

Is there anything else that decreases your pain? \_\_\_\_\_

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Do you have any of the following symptoms?

Swelling:                      Yes                      No

Weakness:                      Yes                      No

Catching or clicking in ankle:                      Yes                      No

