

Ankle Pain Questionnaire

Name _____

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 Inside Outside Back

What are your primary sports and/or activities? _____

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

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? _____

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? _____
