### Foot and Ankle Ability Measure (FAAM) Sports Subscale

Because of your foot and ankle how much difficulty do you have with:

<table>
<thead>
<tr>
<th>(4)</th>
<th>(3)</th>
<th>(2)</th>
<th>(1)</th>
<th>(0)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Difficulty at all</td>
<td>Slight Difficulty</td>
<td>Moderate Difficulty</td>
<td>Extreme Difficulty</td>
<td>Unable to do</td>
</tr>
</tbody>
</table>

- **Running**: □ □ □ □ □
- **Jumping**: □ □ □ □ □
- **Landing**: □ □ □ □ □
- **Starting and stopping quickly**: □ □ □ □ □
- **Cutting/lateral Movements**: □ □ □ □ □
- **Ability to perform Activity with your Normal technique**: □ □ □ □ □
- **Ability to participate In your desired sport As long as you like**: □ □ □ □ □

How would you rate your current level of function during your sports related activities from 0 to 100 with 100 being your level of function prior to your foot or ankle problem and 0 being the inability to perform any of your usual daily activities?

___ ___ . 0%  

**MEDICARE PATIENTS ONLY**  
100% - ___ ___ % Function = ___ ___ % Impairment

Overall, how would you rate your current level of function?

- □ Normal  
- □ Nearly Normal  
- □ Abnormal  
- □ Severely Abnormal

---

**Scoring**

\[
\text{total patient score} \times 100 = \text{_____ % physical function}
\]

\[
\text{total number complete} \times 4
\]

__Patient Signature__: ____________________________  
__Date__: ____________________________

__Therapist Signature__: ____________________________  
__Date__: ____________________________

---