



Podiatry CPG: Appendix 2

Foot assessment tools

A) EB Podiatry assessment form



Name		DOB	
Address		Sex	
Tel.No		Email	
GP		Age	

Past Medical History & Drug History

Feet Assessment	
<p>Right</p> 	<p>Left</p> 
<p>Comment</p>	<p>Comment</p>

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Hands Assessment	
Right 	Left 
Comment	Comment

	Hands	Feet
Hyperkeratosis, calluses		
Keratoderma		
Nail abnormalities		

Treatment Plan			
Foot care advice	<input type="checkbox"/> Foot cleanliness	<input type="checkbox"/> Foot exercise	<input type="checkbox"/> Carefully fitted shoes
Foot wear	<input type="checkbox"/> Functional orthotics	<input type="checkbox"/> Insoles	<input type="checkbox"/> Silver lined socks
Medication	<input type="checkbox"/> Debridement	<input type="checkbox"/> Marigold tagetes	

	Initial	Visit 1	Visit 2	Visit 3
Date				
Appearance				

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EB Podiatry Questionnaire

Age of onset of blisters on feet?	
Age of starting to walk?	
If you use a wheelchair, how many hours a day do you spend on your feet?	
Do you have pain on walking?	
Do you get painful blisters after walking?	
Where on your feet are most your blisters?	
Do you use any walking aids? If so, what?	
How do you deal with blisters? Do you pop them for example?	
What previous treatment have you had for your feet?	
Have you seen a podiatrist before? If so, did they help?	
Do you wear specialised footwear? If so, what?	
Would you like to have more help with your feet?	

My feet make me feel:



Ultra happy



Happy



No different



Slightly worse



Miserable

Any other comments:

B) International foot health status questionnaire

**THE FOOT HEALTH STATUS
QUESTIONNAIRE**



Thank you for taking the time to fill out this important questionnaire.

The answers you provide will help your podiatrist to understand how to care for your foot problems.

The questionnaire is very simple to complete and there are no right or wrong answers. The questionnaire takes less than 10 minutes to complete.

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The Foot Health Status Questionnaire

INSTRUCTIONS

- This questionnaire asks for your views about your foot health.
- All you need to do is circle your answer to each question.
- If you are unsure about how to answer a question, please give the best answer you can.

The following questions are about the foot pain you have had during the past week.

1. What level of foot pain have you had during the past week ?

(circle number)

- None..... 1
- Very Mild..... 2
- Mild..... 3
- Moderate..... 4
- Severe..... 5

(circle a number for each question below)

DURING THE LAST WEEK...

	Never	Occasionally	Fairly Many Times	Very Often	Always
2. How often have you had foot pain ?	1	2	3	4	5
3. How often did your feet ache?	1	2	3	4	5
4. How often did you get sharp pains in your feet ?	1	2	3	4	5

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These questions are about how much your feet interfere with activities you might do during a typical day.

(circle a number for each question below)

DURING THE LAST WEEK.....

	Not at All	Slightly	Moderately	Quite a bit	Extremely
5. Have your <u>feet</u> caused you to have difficulties in your work or activities ?	1	2	3	4	5
6. Were you limited in the kind of work you could do because of your <u>feet</u> ?	1	2	3	4	5

DURING THE LAST WEEK...

	Not at All	Slightly	Moderately	Quite a bit	Extremely
7. How much does your <u>foot health</u> limit you walking ?	1	2	3	4	5
8. How much does your <u>foot health</u> limit you climbing stairs ?	1	2	3	4	5

9. How would you rate your overall foot health ? (circle number)

- Excellent..... 1
- Very Good..... 2
- Good..... 3
- Fair..... 4
- Poor..... 5

Please turn to the next page

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The following questions are about the shoes that you wear. Please circle the response which best describes your situation.

		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
10.	It is hard to find shoes that do not hurt my feet.	1	2	3	4	5
11.	I have difficulty in finding shoes that fit my feet.	1	2	3	4	5
12.	I am limited in the number of shoes I can wear.	1	2	3	4	5

13. In general, what condition would you say your feet are in ?

(circle number)

Excellent..... 1

Very Good..... 2

Good..... 3

Fair..... 4

Poor..... 5

Please write some comments about the current state of your feet:

.....

.....

.....

.....

.....

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14. In general, how would you rate your health :

(circle number)

- Very Good..... 1
 Fair..... 2
 Poor..... 3

15. The following questions ask about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

(circle a number on each line)

<u>ACTIVITIES</u>	Yes, Limited A Lot	Yes, Limited A Little	No, Not Limited At All
a. Vigorous activities , such as running, lifting heavy objects, or (if you wanted to) your ability to participate in strenuous sports	1	2	3
b. Moderate activities , such as cleaning the house, lifting a chair, playing golf or swimming	1	2	3
c. Lifting or carrying bags of shopping	1	2	3
d. Climbing a steep hill	1	2	3
e. Climbing one flight of stairs	1	2	3
f. Getting up from a sitting position	1	2	3
g. Walking more than a kilometre	1	2	3
h. Walking one hundred meters	1	2	3
i. Showering or dressing yourself	1	2	3

16. This next question asks to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbours or social groups?

(circle number)

- Not at all..... 1
 Slightly..... 2
 Moderately..... 3
 Quite a bit..... 4
 Extremely..... 5

Please turn to the next page

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17. These questions are about how you “feel” and how things have been with you during the past month. For each question, please give the one answer that comes closest to the way you have been “feeling”. How much of the time during the past 4 weeks:

	All of the time	Most of the Time	Some of the Time	A little of the Time	None of the Time
a. Did you feel tired?	1	2	3	4	5
b. Did you have a lot of energy?	1	2	3	4	5
c. Did you feel worn out?	1	2	3	4	5
d. Did you feel full of life?	1	2	3	4	5

18. During the past 4 weeks, how much of the time has your emotional problems or physical health interfered with your social activities (like visiting with friends, relatives, etc.)?

(circle number)

- No time at all..... 1
- A small amount of time..... 2
- Moderate amount of time..... 3
- Quite a bit of the time..... 4
- All of the time..... 5

19. How TRUE or FALSE is each of the following statements for you?

(circle a number on each line)

	True or Mostly True	Don't Know	False or Mostly False
a. I seem to get sick a little easier than other people	1	2	3
b. I am as healthy as anybody I know	1	2	3
c. I expect my health to get worse	1	2	3
d. My health is excellent	1	2	3

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Please complete the following details.

20. Full Name: _____

21. Address: _____ Postcode: _____

22. Date of Birth: _____ Sex: Male Female

23. What is the date when you filled out this survey? Please write here → _____

24. Do you currently take any medicine prescribed by your doctor for any of the following conditions ;

(please tick the appropriate box/s)

Diabetes	<input type="checkbox"/>	Hormone Replacement Therapy	<input type="checkbox"/>
Osteoarthritis	<input type="checkbox"/>	High Cholesterol	<input type="checkbox"/>
Blood Pressure	<input type="checkbox"/>	Rheumatoid Arthritis	<input type="checkbox"/>
Heart Disease	<input type="checkbox"/>	Back Pain	<input type="checkbox"/>
Lung Disease	<input type="checkbox"/>	Depression	<input type="checkbox"/>

Any other conditions you take
medicine for, please list

- 1.
- 2.
- 3.




For the next questions, please tick either **YES** or **NO**

	Yes	No
25. Are you a pensioner or health care cardholder ?	<input type="checkbox"/>	<input type="checkbox"/>
26. Do you smoke cigarettes ?	<input type="checkbox"/>	<input type="checkbox"/>
27. Do you do any regular physical exercise ?	<input type="checkbox"/>	<input type="checkbox"/>
28. Do you have private health insurance ?	<input type="checkbox"/>	<input type="checkbox"/>
29. Have you completed a trade certificate or any other educational qualification since leaving school ?	<input type="checkbox"/>	<input type="checkbox"/>

**Thank you for completing this
questionnaire**

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C) Foot and walking assessment tools

<p>i) Elfman gait analysis platform</p>																																									
<p>ii) Fscan inshoe analysis system</p>																																									
<p>iii) Gaitrite System</p>	<div data-bbox="829 1205 1364 1601">  </div> <div data-bbox="774 1601 1412 1758" style="background-color: #4b0082; color: white; padding: 10px; text-align: center;"> <p>GAITRite Our standard Portable Electronic Walkway.</p> </div> <table border="1" data-bbox="774 1758 1412 2051"> <thead> <tr> <th>GAITRite Walkway Model</th> <th>Active Area Width (in/cm)</th> <th>Active Area Length (in/cm)</th> <th>Overall Outer Width (in/cm)</th> <th>Overall Outer Length (in/cm)</th> </tr> </thead> <tbody> <tr> <td>PP12</td> <td>24.0/61.0</td> <td>180.0/457.2</td> <td>35.0/89.0</td> <td>180.0/457.2</td> </tr> <tr> <td>PP14</td> <td>24.0/61.0</td> <td>204.0/518.1</td> <td>35.0/89.0</td> <td>204.0/518.1</td> </tr> <tr> <td>PP16</td> <td>24.0/61.0</td> <td>228.0/579.1</td> <td>35.0/89.0</td> <td>228.0/579.1</td> </tr> <tr> <td>PP18</td> <td>24.0/61.0</td> <td>252.0/640.0</td> <td>35.0/89.0</td> <td>252.0/640.0</td> </tr> <tr> <td>PP20</td> <td>24.0/61.0</td> <td>276.0/701.0</td> <td>35.0/89.0</td> <td>276.0/701.0</td> </tr> <tr> <td>PP24</td> <td>24.0/61.0</td> <td>324.0/822.9</td> <td>35.0/89.0</td> <td>324.0/822.9</td> </tr> <tr> <td>PP26</td> <td>24.0/61.0</td> <td>348.0/883.9</td> <td>35.0/89.0</td> <td>348.0/883.9</td> </tr> </tbody> </table>	GAITRite Walkway Model	Active Area Width (in/cm)	Active Area Length (in/cm)	Overall Outer Width (in/cm)	Overall Outer Length (in/cm)	PP12	24.0/61.0	180.0/457.2	35.0/89.0	180.0/457.2	PP14	24.0/61.0	204.0/518.1	35.0/89.0	204.0/518.1	PP16	24.0/61.0	228.0/579.1	35.0/89.0	228.0/579.1	PP18	24.0/61.0	252.0/640.0	35.0/89.0	252.0/640.0	PP20	24.0/61.0	276.0/701.0	35.0/89.0	276.0/701.0	PP24	24.0/61.0	324.0/822.9	35.0/89.0	324.0/822.9	PP26	24.0/61.0	348.0/883.9	35.0/89.0	348.0/883.9
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