

**1 How much time do you spend on your feet each day?**

- a. Less than 2 hours
- b. 2 - 4 hours
- c. 5 - 7 hours
- d. 8 hours or more

**2 How old are you?**

- a. Under 40
- b. Between 40 and 59
- c. 60 and over

**3. How would you describe your weight?**

- a. Less than 20 pounds overweight or at ideal weight
- b. 20 - 39 pounds overweight
- c. 40 or more pounds overweight

**4. Have problems with your feet or ankles ever prevented you from participating in:  
- leisure/sports activities**

- a. Yes
- b. No

**- work activities?**

- a. Yes
- b. No

**5. Have you ever received medical treatment for problems with your feet and/or ankles?**

- a. Yes
- b. No

**6. Do you regularly wear heels two inches or higher?**

- a. Yes
- b. No

**7. What types of exercise do you engage in or plan to engage in? (check all that apply)**

- a. Walking
- b. Field sports (e.g., softball, golf)
- c. Winter sports (e.g., skiing, ice skating)
- d. Court sports (e.g., tennis, basketball)
- e. Aerobics
- f. Running
- g. None (if you chose answer g, skip to question 11)

**8. Do you have the appropriate shoes for your sport or sports?**

- a. Yes

- b. No
9. **Do you experience foot or ankle pain when walking or exercising?**  
a. Rarely  
b. Sometimes  
c. Often  
d. Never
10. **Do you:**  
- **exercise in footwear that is more than one year old or in hand-me-down footwear?**  
a. Yes  
- **stretch properly before and after exercising?**  
a. Yes  
b. No
11. **Do you:**  
- **have diabetes?**  
a. Yes  
b. No  
- **experience numbness and/or burning in your feet?**  
a. Yes  
b. No  
- **have a family history of diabetes?**  
a. Yes  
b. No
12. **Do You: (Mark all that apply)**  
- **sprain your ankles frequently (once a year or more) or are your ankles weak?**  
a. Yes  
b. No  
- **have flat feet or excessively high arches?**  
a. Yes  
b. No  
- **experience pain in the achilles tendon or heel or have shin splints (pain in the front lower leg)?**  
a. Yes  
b. No  
- **have corns, calluses, bunions or hammertoes?**  
a. Yes  
b. No  
- **have arthritis or joint pain in your feet?**  
a. Yes  
b. No  
- **have poor circulation or cramping in your legs?**  
a. Yes  
b. No

## Scoring

**0-20 Points:** *Congratulations!* Your feet and ankles are very healthy and you can maintain your active lifestyle and/or exercise regimen. With proper attention and care your feet and ankles should remain healthy; however, you may want to schedule an annual exam with a podiatric physician to ensure their long-term health. Furthermore, if you scored points for questions 4, 5, 9, 11 or 12 you should consider visiting a podiatric physician in the near future for a check-up.

**21 - 40 Points:** *Pay Attention.* Your feet and ankles are showing signs of wear, placing you in the moderate risk category. Although you can continue your normal activities, you should strongly consider visiting a podiatric physician for a check-up. If you participate in a rigorous exercise regimen on a regular basis or plan to - or if you scored points for questions 4, 5, 9, 11 or 12 - you should visit a podiatric physician soon to safeguard your foot and ankle health.

**41 Points or Higher:** *Caution.* Your feet and ankles are at high risk for long-term medical problems and you should contact our office as soon as possible. If you exercise, you should pay particular attention to your feet and ankles until you are seen by our practice. If you have not begun exercising, it is advisable to contact our office before undertaking any type of exercise.

Now that you've assessed the health of your feet and ankles, you are armed with knowledge that will enable you to maintain their health over a lifetime.

**Please note: Even if you scored well, this self assessment is not a substitute for a physical exam.**