



PATIENT ID:

TVA7: MOXFQ

Site: Patient Initials: Date of birth:

MANCHESTER-OXFORD FOOT QUESTIONNAIRE: *To be completed by patient*

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Prior to completing the questionnaire please complete the following:

1) Today's date:

2) On which side of your body is the affected joint, for which you are receiving/have received treatment?

Left Right

Please tick (✓) one box for each statement

3) During the past 4 weeks this has applied to me:					
I have pain in my foot/ankle					
None of the time	Rarely	Some of the time	Most of the time	All of the time	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4) During the past 4 weeks this has applied to me:					
I avoid walking long distances because of pain in my foot/ankle					
None of the time	Rarely	Some of the time	Most of the time	All of the time	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5) During the past 4 weeks this has applied to me:					
I change the way I walk due to pain in my foot/ankle					
None of the time	Rarely	Some of the time	Most of the time	All of the time	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6) During the past 4 weeks this has applied to me:					
I walk slowly because of pain in my foot/ankle					
None of the time	Rarely	Some of the time	Most of the time	All of the time	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Version 1.0; 19-Nov-14

7) During the past 4 weeks this has applied to me:				
I have to stop and rest my foot/ankle because of pain				
None of the time	Rarely	Some of the time	Most of the time	All of the time
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) During the past 4 weeks this has applied to me:				
I avoid some hard or rough surfaces because of pain in my foot/ankle				
None of the time	Rarely	Some of the time	Most of the time	All of the time
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) During the past 4 weeks this has applied to me:				
I avoid standing for a long time because of pain in my foot/ankle				
None of the time	Rarely	Some of the time	Most of the time	All of the time
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) During the past 4 weeks this has applied to me:				
I catch the bus or use the car instead of walking, because of pain in my foot/ankle				
None of the time	Rarely	Some of the time	Most of the time	All of the time
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) During the past 4 weeks this has applied to me:				
I feel self-conscious about my foot/ankle				
None of the time	Rarely	Some of the time	Most of the time	All of the time
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12) During the past 4 weeks this has applied to me:					
I feel self-conscious about the shoes I have to wear					
None of the time	Rarely	Some of the time	Most of the time	All of the time	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13) During the past 4 weeks this has applied to me:					
The pain in my foot/ankle is more painful in the evening					
None of the time	Rarely	Some of the time	Most of the time	All of the time	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14) During the past 4 weeks this has applied to me:					
I get shooting pains in my foot/ankle					
None of the time	Rarely	Some of the time	Most of the time	All of the time	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15) During the past 4 weeks this has applied to me:					
The pain in my foot/ankle prevents me from carrying out my work/everyday activities					
None of the time	Rarely	Some of the time	Most of the time	All of the time	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16) During the past 4 weeks this has applied to me:					
I am <u>unable</u> to do all my social/recreational activities because of pain in my foot/ankle					
None of the time	Rarely	Some of the time	Most of the time	All of the time	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



17) During the past 4 weeks :				
How would you describe the pain you <u>usually</u> have in your foot/ankle?				
None	Very mild	Mild	Moderate	Severe
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18) During the past 4 weeks :				
Have you been troubled by pain in your foot/ankle in bed at night?				
No nights	Only 1 or 2 nights	Some nights	Most nights	Every night
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Finally please check that you have answered every question.

Thank you very much.

FOR OFFICE USE ONLY:

19) Entered into MACRO database by:

20) Date entered: d d m m m y y y y

21) Entered at site or CCTU: Site / CCTU