

Q1. Age: Years

Q2. Sex: Male Female

Q3. Ethnic group: (Please tick one box)

- 1. White
- 2. Black-Caribbean
- 3. Black-African
- 4. Black-Other
- 5. Indian
- 6. Pakistani
- 7. Bangladeshi
- 8. Chinese
- 9. Other (Please specify)

Q4. What is your first language? (Please tick one box)

- 1. English
- 2. Other European
- 3. Gujarati
- 4. Hindi
- 5. Punjabi
- 6. Urdu
- 7. Bengali
- 8. Other (please specify)

Will you be able to fill in questionnaires in English? Yes/No

Q5. Employment status:

An important part of the study is to determine how much your ankle injury has affected you in terms of days off work. This is why the next question asks about your employment.

5.1 Are you currently employed? (If you are a full-time student but also work, complete this section and also tick question 5.6 on page 4)

- Yes – part time
- Yes – full time
- No (go to 5.2 on page 4)

(a) Is this employment:

- Paid
- Unpaid

(b) How many hours a week do you work?

- Less than 10
- 10–25
- 25–40
- More than 40

(c) Which of the following categories do you think best describes your employment?

- Unskilled manual
- Skilled manual
- Unskilled non-manual
- Skilled non-manual
- Professional Please describe: _____
- Other Please describe: _____
- Decline to answer

If you are *not* currently employed which of the following applies to you:

- 5.2. Retired
- 5.3. At home and not looking for paid employment
(e.g. looking after home, family or others)
- 5.4. Unable to work because of illness or disability
- 5.5. Unemployed and looking for work
- 5.6. In full-time education
- 5.7. Other (please specify):

Q6. What is the highest qualification you have achieved?

- CSE (or equivalent)
- O-level/GCSE (or equivalent)
- A-level (or equivalent)
- Degree (or equivalent)
- Higher degree (or equivalent)
- Other (Please specify):

Q7. During your usual daily routine (e.g. work, caring for others, daily activities) *approximately* how much time do you spend:

- (a) On your feet?
 - Most of the day
 - More than 4 hours a day
 - Less than 4 hours a day
 - Not much time – mostly sitting
- (b) Driving?
 - Most of the day
 - More than 4 hours a day
 - Less than 4 hours a day
 - Usually just to/from work
 - Don't drive

Q8. Are you currently taking any medication for pain or inflammation?

- Only since ankle injury
- Prior to injury for a separate condition
- No
- Did not answer

Q9. Which of the following activities do you participate in: (before injuring your ankle)

	More than once weekly	Less than once weekly	Never
Swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weight training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aerobics/keep-fit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cycling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jogging/running	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team sport (e.g. football, rugby, hockey, netball)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Racquet sport (e.g. tennis, squash, badminton)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yoga	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Athletics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking (2 miles or more)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heavy DIY, housework, gardening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other sports or exercise (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q10. How tall are you? _____ feet _____ inches or _____ cm

Q11. How much do you weigh? _____ stone _____ pounds or _____ kg

Q12. Pain:

On a scale of 0–10, where 0 is no pain and 10 is the worst pain you can imagine, how painful is your ankle now? (please circle)

At rest: 0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

Weight bearing: 0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

Q13. Previous injuries:

Apart from your current injury, have you sprained or twisted your ankle in the last 3 months?

Yes No

If 'Yes', did you need to attend A&E for this injury?

Yes No

Q14. Weight bearing:

Using the weighing scales, whilst sitting in a chair, how much weight are you able to put through your ankle at the moment?

_____ kg