

Section 1 – Personal Information

1. Which of the following best describes your current marital status? (Tick one box only)

- | | | | | | |
|-----------------------|--------------------------|-----------|--------------------------|-----------------------|--------------------------|
| Single | <input type="checkbox"/> | Separated | <input type="checkbox"/> | Married/Civil Partner | <input type="checkbox"/> |
| Living with a partner | <input type="checkbox"/> | Divorced | <input type="checkbox"/> | Widowed | <input type="checkbox"/> |

2. Please tick the box that most closely describes your ethnic background. (Tick one box only)

- | | | | |
|-----------------|--------------------------|------------------------|--------------------------|
| White | <input type="checkbox"/> | Pakistani | <input type="checkbox"/> |
| Black Caribbean | <input type="checkbox"/> | Bangladeshi | <input type="checkbox"/> |
| Black African | <input type="checkbox"/> | Chinese | <input type="checkbox"/> |
| Black Other | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| Indian | <input type="checkbox"/> | (Please specify) | |

3. What is your highest level of education? (Tick one box only)

- | | |
|--|--------------------------|
| Degree / degree equivalent (including higher degree) / NVQ4 / NVO5 | <input type="checkbox"/> |
| Higher education below degree | <input type="checkbox"/> |
| NVQ3/ GCE A level equivalent | <input type="checkbox"/> |
| NVQ2/ GCE O level / GCSE level equivalent/ School Certificate | <input type="checkbox"/> |
| Other vocational / work-related qualifications | <input type="checkbox"/> |
| No qualification | <input type="checkbox"/> |

4. What is your current employment status? (Tick one box only)

- | | | | |
|-------------------------------------|--------------------------|-------------------|--------------------------|
| Full-time employed | <input type="checkbox"/> | Unpaid work | <input type="checkbox"/> |
| Part-time employed | <input type="checkbox"/> | Unemployed | <input type="checkbox"/> |
| Self-employed | <input type="checkbox"/> | Full time student | <input type="checkbox"/> |
| Retired/looking after home/inactive | <input type="checkbox"/> | | |

5. Although you will be given one of the treatment options by chance, if you could choose which treatment to have, which would be your preference? (Tick one box only)

- | | |
|---|--------------------------|
| Intramedullary nail | <input type="checkbox"/> |
| 'Locking' plate | <input type="checkbox"/> |
| I do not mind which treatment I receive | <input type="checkbox"/> |

--	--	--	--

Section 2- Disability Rating Index

These questions ask you to think back to the week prior your injury and your ability to perform the following activities. If you did not do a specific task please give your best estimate.

How do you manage the following activities?
After each question, please mark ONE POINT on the line

Please answer ALL questions

Without difficulty	Not at all
↓	↓

With some difficulty - With difficulty - With great difficulty	

		Office use:
Dressing (without help)	-----	<input type="text"/>
Out-door walks	-----	<input type="text"/>
Climbing stairs	-----	<input type="text"/>
Sitting longer time	-----	<input type="text"/>
Standing bent over a sink	-----	<input type="text"/>
Carrying a bag	-----	<input type="text"/>
Making a bed	-----	<input type="text"/>
Running	-----	<input type="text"/>
Light work	-----	<input type="text"/>
Heavy work	-----	<input type="text"/>
Lifting heavy objects	-----	<input type="text"/>
Participating in exercise/sports	-----	<input type="text"/>
	Office Use Line length:	<input type="text"/>

Section 4—Olerud-Molander Ankle Score (OMAS)

Please select the option that best fits your ability to perform certain tasks **BEFORE** your injury by circling the appropriate score.

PARAMETER	DEGREE	SCORE
1) Pain	None	25
	Walking on an uneven surface	20
	Walking on an even surface	10
	Walking indoors	5
	Constant and severe	0
2) Stiffness	None	10
	Stiffness	0
3) Swelling	None	10
	Only evenings	5
	Constant	0
4) Stairs	No problems	10
	Impaired	5
	Impossible	0
5) Running	Possible	5
	Impossible	0
6) Jumping	Possible	5
	Impossible	0
7) Squatting	No Problems	5
	Impossible	0
8) Supports	None	10
	Taping/ Wrapping	5
	Crutches	0
9) Daily Life	Same as before	20
	Loss of tempo	15
	Change of occupation	10
	Severely impaired work capacity	0