

Patient Ankle Questionnaire

(Done by office staff) Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Ht: \_\_\_\_\_ BP: \_\_\_\_\_ P: \_\_\_\_\_

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ Sex: M/F (Circle)

Email Address: \_\_\_\_\_ May we contact you by email? Y / N

Occupation: \_\_\_\_\_ Referring physician: \_\_\_\_\_

1. Which Ankle is the problem: R / L / both (Circle)

2. When did the pain start? \_\_\_\_\_

3. Was there ever any traumatic event? If so, when/what was the injury?  
\_\_\_\_\_

4. How bad was the swelling after the injury? None/minor/moderate/massive

5. Any popping/clicking? \_\_\_\_\_ Locking? \_\_\_\_\_ Giving out? \_\_\_\_\_ Looseness? \_\_\_\_\_

6. Have you seen another physician for this problem? Who? \_\_\_\_\_

7. Have you had this problem before? How was it treated?  
\_\_\_\_\_

8. Have you **SPRAINED** your **ANKLE** before? How? When? How many times?  
\_\_\_\_\_

9. What treatment have you previously had for your Ankle (therapy, brace, etc...)?  
\_\_\_\_\_

10. Have you had any injections into your Ankle? \_\_\_\_\_

If so, how many times and when was the last time? \_\_\_\_\_

11. Have you had any Ankle surgery? Which Ankle? What was done?  
\_\_\_\_\_

12. What medicines do you take **for your Ankle pain** (list medication, dose & frequency)? \_\_\_\_\_

13. Do you use a cane? \_\_\_\_\_ which hand? \_\_\_\_\_

14. Do you wear a brace? \_\_\_\_\_ Type? \_\_\_\_\_ (Dr. Williams will help with this.)

**SYMPTOMS**

1. Does your ankle pain awaken you at night? \_\_\_\_\_

2. Do you have pain All, MOST, or only SOME of the time? (circle)

3. What makes the pain worse? \_\_\_\_\_ better? \_\_\_\_\_

4. Does the pain interfere with sleep? \_\_\_\_\_ work? \_\_\_\_\_ Sports? \_\_\_\_\_

5. Does pain happen BEFORE, DURING or AFTER sports/activities? (circle any)

6. Any NUMBNESS, TINGLING, or a PINS-AND-NEEDLES feeling in your ankle or foot? -  
\_\_\_\_\_ When? \_\_\_\_\_

7. Have you missed any work/school due to this injury? -If so, how long?  
\_\_\_\_\_

8. What sports do you participate in?

SPORT	LEVEL(Pro, comp, hobby?)	HRS/WK	WKS/YR
Ex. Football	high school	8/wk	14
_____	_____	_____	_____
_____	_____	_____	_____