Japanese Orthopaedic Association/ Japanese Society for Surgery of the Foot, Self-Administered Foot Evaluation Questionnaire (SAFE-Q)

| | Sex | Date of Birth |
|--------------------|-----------|------------------|
| Patient Name | 1. Male | |
| | 2. Female | (Month DD, YYYY) |
| Date When Answered | | (Month DD, YYYY) |

| ID Number: | | | |
|------------|--|--|--|
| | | | |

The following questionnaire is intended to ask about the condition of your feet, and what causes you difficulties and problems in your daily life. The questionnaire does not only contain questions on pain and physical function, but also emotion-related questions. It also asks about how your quality of life may be affected by foot disease and/or injury.

We believe that your honest opinion will benefit future foot treatment and footcare aids.

We would appreciate it if you would take the time to answer the questionnaire.

When we use the word "foot," we here refer to the parts framed by the rectangle in the illustration below, that is, the entire part from the shank through the top of the toes; the **knees are not included**.



The word "foot" in this questionnaire refers to the parts framed by the rectangle in the left illustration. The knees are not included.

= = = = = = Precautions When Filling out the Questionnaire = = = = =

- [1] Please think back about the last week or month, and then answer the questions.
- [2] Each question also gives you an explanation on how to answer the question; please read the explanation carefully and give your answer. It will take about 10 minutes to fill out the questionnaire although the time varies among individuals.
- [3] There are two ways of answering the questions in this questionnaire.
 - I. Put a tick (\checkmark) in the appropriate box.
 - II. Put a cross (\times) on the line.

| (select the one that applies and place an "x" in the corresponding box) | | | | | | | | | |
|--|---|---------------------------------------|-----------------|-------------------------------|------------------|--|--|--|--|
| Never | Occasionally | Sometimes | Often | Always | | | | | |
| | | | | | | | | | |
| Q2: Have you had difficulty in sleeping due to foot pain in the past week? | | | | | | | | | |
| (select the o | ne that applies and | l place an "x" in | the correspond | ing box) | | | | | |
| Never | Occasionally | Sometimes | Often | Always | | | | | |
| | | | | | | | | | |
| Q3: How intense was | s the most severe r | nain vou exnerien | ced in your fee | t in the nast week? | | | | | |
| _ | | - | • | "no pain" and 10 indica | ting "worst pain | | | | |
| imagina | ble". | | | | | | | | |
| 0 I | | | | 10 I | | | | | |
| No pain | No pain Worst pain | | | | | | | | |
| | | | | imaginable | | | | | |
| Q4: How intense was | s the foot pain you | experienced whi | le walking on f | lat ground <u>in the past</u> | week? | | | | |
| (select the one | e that applies and | place an "x" in th | ne correspondii | ng box) | | | | | |
| No pain | Mild | Moderate | Severe | Very Severe | | | | | |
| | | | | | | | | | |
| 05 H | | 1.0 | | | | | | | |
| Q5: Have you had fo | oot pain <u>in the pasi</u> e that applies and j | | ne correspondi | ng hox) | | | | | |
| (301000 0110 0110 | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | · · · · · · · · · · · · · · · · · · · | o correspond | - - | | | | | |
| Never | Occasionally | Sometimes | Often | Always | | | | | |
| | | | | | | | | | |
| O6: How intense was | s the foot pain vou | experienced whe | en vou woke up | in the morning in the | past week? | | | | |
| | e that applies and | | | | | | | | |
| | | | | | | | | | |
| No pain | Mild | Moderate | Severe | Very Severe | | | | | |
| | | | | | | | | | |

Q1: Have you noticed any pain in your foot (feet) during the past week?

| Q7: H | ow intense was t | the foot pain you o | experienced <u>at t</u> | the end of each o | day in the past week? | | | | |
|---|--|----------------------|-------------------------|--------------------------|--------------------------------|--|--|--|--|
| | (select the one that applies and place an "x" in the corresponding box) | | | | | | | | |
| | No pain | Mild | Moderate | Severe | Very Severe | | | | |
| | | | | | | | | | |
| Q8: H | ave you had diff | iculty in putting o | on your usual sh | noes due to foot | pain <u>in the past week</u> ? | | | | |
| | (select the one t | hat applies and p | lace an "x" in t | he correspondin | g box) | | | | |
| | Never | Occasionally | Sometimes | Often | Always | | | | |
| | | | | | | | | | |
| Q9: Do you find it difficult to find comfortable shoes due to your foot symptoms? | | | | | | | | | |
| (select the one that applies and place an "x" in the corresponding box) | | | | | | | | | |
| | Not at all | Slightly | Moderately | Consideral | bly Extremely | | | | |
| | | | | | | | | | |
| Q10: 1 | Q10: How intense was the foot pain you experienced while walking <u>barefoot</u> in the past week? | | | | | | | | |
| | (select the one t | hat applies and p | lace an "x" in t | he correspondin | g box) | | | | |
| | No pain | Mild | Moderate | Severe | Very Severe | | | | |
| | | | | | | | | | |
| Q11: I | How intense was | the foot pain you | experienced w | hile walking <u>in s</u> | shoes in the past week? | | | | |
| | (select the one t | hat applies and p | lace an "x" in t | he correspondin | g box) | | | | |
| | No pain | Mild | Moderate | Severe | Very Severe | | | | |
| | | | | | | | | | |
| O12: I | Have vou found i | it difficult to go u | pstairs due to v | our foot sympto | ms in the past week? | | | | |
| Q | - | hat applies and p | | | · | | | | |
| | NI H | Cl. 1.4 | Madagetele | Camaidanali | Entropolo | | | | |
| | Not at all □ | Slightly □ | Moderately | Considerably | Extremely | | | | |
| | | | | | | | | | |

| Q13: Hav | e you found it di | fficult to go <u>do</u> | ownstairs due to | your foot sympton | ns <u>in the past week</u> ? | | | | |
|----------|---|-------------------------|--------------------|--------------------------|------------------------------|--|--|--|--|
| (se | lect the one that | applies and pl | lace an "x" in the | corresponding bo | ox) | | | | |
| | | | | | | | | | |
| | Not at all | Slightly | Moderately | Considerably | Extremely | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Q14: Hav | e you found it di | fficult to squa | t due to your foot | t symptoms <u>in the</u> | past week? | | | | |
| (se | (select the one that applies and place an "x" in the corresponding box) | | | | | | | | |
| | | | | | | | | | |
| | Not at all | Slightly | Moderately | Considerably | Extremely | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Q15: Hav | e you found it di | fficult to put o | on socks due to yo | our foot symptoms | s in the past week? | | | | |
| (se | (select the one that applies and place an "x" in the corresponding box) | | | | | | | | |
| | | | | | | | | | |
| | Not at all | Slightly | Moderately | Considerably | Extremely | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Q16: Hov | v long have you b | peen able to wa | alk on flat ground | d in shoes without | rest in the past week? | | | | |
| (se | lect the one that | applies and pl | lace an "x" in the | corresponding bo | ox) | | | | |
| | | | | | | | | | |
| | More than | about | about | about | less than | | | | |
| | 30 min | 15 min | 5 min | 1 min | 1 min | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Q17: Hav | e you found it di | fficult to walk | uphill due to you | ur foot symptoms | in the past week? | | | | |
| (se | lect the one that | applies and pl | lace an "x" in the | corresponding bo | ox) | | | | |
| | | | | | | | | | |
| | Not at all | Slightly | Moderately | Considerably | Extremely | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | • | | | | ns <u>in the past week?</u> | | | | |
| (se | lect the one that | applies and pl | lace an "x" in the | corresponding bo | ox) | | | | |
| | N7 | a | 36.1 | Q | T | | | | |
| | Not at all | Slightly | Moderately | Considerably | Extremely | | | | |
| | | Ш | Ш | | | | | | |

| Q19: Have you found | l it difficult to wa | alk on <u>uneven g</u> | <u>round</u> , such as | rough or graveled ro | oads, due to your foot |
|-----------------------|---------------------------------------|------------------------|------------------------|-------------------------------|-------------------------|
| symptoms <u>in th</u> | ne past week? | | | | |
| (select the one t | that applies and p | olace an "x" in th | e correspondin | ng box) | |
| | | | | | |
| Not at all | Slightly | Moderately | Considerab | bly Extremely | |
| | | | | | |
| Q20: Have you found | it difficult to stan | nd on your toes d | ue to your foot | symptoms in the past | week? |
| (select the one | that applies and p | olace an "x" in th | e correspondin | g box) | |
| | | | | | |
| Not at all | Slightly | Moderately | Considerab | bly Extremely | |
| | | | | | |
| O21. Hove you used a | walling stick on | handuaila inaida | | to vous foot grantom | es in the nest week? |
| Q21: Have you used a | waiking suck or that applies and p | · | _ | | is in the past week? |
| (select the one) | mat appnes and p | nace an "x" in th | e correspondin | ig box) | |
| Never | Occasionally | Sometimes | Often | Always | |
| | | | | | |
| | | | | | |
| Q22: Have you used a | walking stick out | tside your house | due to your foo | ot symptoms <u>in the pas</u> | t week? |
| - | that applies and p | | - | | |
| | | | | | |
| Never | Occasionally | Sometimes | Often | Always | |
| | | | | | |
| | | | | | |
| Q23: Have you found | it difficult to go o | out to an event or | r a department | store due to your foot | symptoms in the past |
| month? | | | | | |
| (select the one t | that applies and p | olace an "x" in th | e correspondin | g box) | |
| | | | | | |
| Not at all | Slightly | Moderately | Considerably | Extremely | |
| | | | | | |
| Q24: Have you found | it difficult to nert | form routine acti | vities, such as l | essons socializing wit | h friends or voluntarv |
| - | our foot symptom | | | ressons, socializing with | in friends of voluntary |
| • | that applies and p | • | | ng box) | |
| (SSISSI ME ONE) | | | | 6 (2) | |
| Not at all | Slightly | Moderately | Considerabl | y Extremely | |
| | | | | | |

| Q25: Ha | ve you had d | ifficulty going <u>to</u> | work, school, or | shopping n | earby du | e to your foot | symptoms in the p | <u>ast</u> |
|---|-----------------------------|---------------------------|-------------------------|------------------------|-------------|------------------------|----------------------------|------------|
| <u>m</u> | onth? | | | | | | | |
| | | | | | | | | |
| | Not at all | Slightly | Moderately | Considera | ably | Extremely | | |
| | | | | | | | | |
| | | | | | | | | |
| Q26: Ha | ve you found i | it difficult to take | a trip, such as a | business trip | or journ | <u>iey,</u> due to you | ır foot symptoms <u>in</u> | <u>the</u> |
| pa | ast month? | | | | | | | |
| | | | | | | | | |
| | Not at all | Slightly | Moderately | Considera | ably | Extremely | | |
| | | | | | | | | |
| | | | | | | | | |
| Q27: Have you found it difficult to enjoy hobbies or leisure activities due to your foot symptoms in the past | | | | | | | | |
| month? | | | | | | | | |
| (select the one that applies and place an "x" in the corresponding box) | | | | | | | | |
| | | | | | | | | |
| | Not at all | Slightly | Moderately | Considera | ably | Extremely | | |
| | | | | | | | | |
| | | | | | | | | |
| Q28: Ha | ve you had di | fficulty in doing w | ork, school activ | ities or hous | ehold dut | ties due to you | ır foot symptoms <u>in</u> | <u>the</u> |
| <u>pa</u> | ast month? | | | | | | | |
| (se | elect the one t | hat applies and pl | ace an "x" in the | e correspond | ing box) | | | |
| | | | | | | | | |
| | Not at all | Slightly | Moderately | Consideral | bly | Extremely | | |
| | | | | | | | | |
| | | | | | | | | |
| Q29: Ha | ve you felt an | xious due to your | foot symptoms <u>ir</u> | n the past we | <u>ek</u> ? | | | |
| (se | elect the one t | hat applies and pl | ace an "x" in the | e correspond | ing box) | | | |
| | | | | | | | | |
| | Never | Occasionally | Sometimes | Often | Always | | | |
| | | | | | | | | |
| | | | | | | | | |
| Q30: Ha | ve you felt de _l | pressed due to you | ır foot symptoms | s <u>in the past v</u> | week? | | | |
| _ | • | hat applies and pl | • • | | | | | |
| · | | ^ | | - | = * | | | |
| | Never | Occasionally | Sometimes | Often | Always | | | |
| | | | | | | | | |
| | | | | | | | | |

| u were bothering | people around y | Often Al- | ways ur foot symptoms in the past week? |
|--|---------------------------------|------------------------------------|--|
| u were bothering applies and place a | people around y | ou due to yourresponding | ur foot symptoms <u>in the past week</u> ? |
| u were bothering applies and place a | an "x" in the co | ou due to yourresponding | ur foot symptoms <u>in the past week</u> ? |
| applies and place a | an "x" in the co | rresponding | · · · — |
| Occasionally S | | | box) |
| | ometimes | | |
| | | Often A | lways |
| | | | |
| u were handicapp | ed due to your f | Coot symptom | ns <u>in the past week</u> ? |
| applies and place | an "x" in the co | rresponding | box) |
| ecasionally S | Sometimes | Often A | always |
| | | | |
| lty in putting on h | igh-fashion or f | ormal shoes i | in the past month? |
| applies and place | an "x" in the co | rresponding | box) |
| Occasionally | Sometimes | Often A | always |
| П | П | | _ |
| | applies and place a ccasionally | applies and place an "x" in the co | lty in putting on high-fashion or formal shoes applies and place an "x" in the corresponding |

Those who do not play sports do not have to answer Q35-43 below.

The following questions are for those who play sports on a routine basis.

Sports Activity (Optional Item)

| Please o | check one of the boxes | s below to indic | ate whether you | play sports or not. | | |
|----------|------------------------|------------------------|--------------------|---------------------|--------------------------|-------------------------------|
| | I do not play sports. | | | | | |
| | I play sports. | | | | | |
| | | | | | | |
| If you p | olay one or more types | s of sports, pleas | se indicate the sp | ort event that you | consider is most ir | mportant below: |
| The mo | st important sport eve | ent is: | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | ave you found it diff | | | | ptoms <u>in the past</u> | month? |
| (| (select one that appli | ies and place "x | x" in the corresp | onding box) | | |
| | Not at all | Slightly | Moderately | Considerably | Extremely | |
| | | | | | | |
| | | | | | | |
| Q36: H | ave you found it diff | icult to <u>run</u> on | uneven ground | due to your foot s | symptoms <u>in the</u> j | past month? |
| (| (select one that appli | ies and place "x | x" in the corresp | onding box) | | |
| | | | | | | |
| | Not at all | Slightly | Moderately | Considerably | Extremely | |
| | | | | | | |
| O27. II | lava van fannd it diff | Soult to abong | dination and d | ank while munnin | a fact due to vou | r foot symptoms <u>in the</u> |
| | ast month? | neun to change | cultection sudd | emy while runnin | g rast due to you | i 100t symptoms <u>m the</u> |
| | (select one that appli | es and place "s | x" in the corresn | onding box) | | |
| · | (sereet one that appli | ies una piace | in the corresp | onumg son) | | |
| | Not at all | Slightly | Moderately | Considerably | Extremely | |
| | | | | | | |
| | | | | | | |
| Q38: H | ave you found it diff | icult to hop on | one foot due to | your foot sympto | ms <u>in the past mo</u> | onth? |
| (| (select one that appli | ies and place "x | x" in the corresp | onding box) | | |
| | | | | | | |
| | Not at all | Slightly | Moderately | Considerably | Extremely | |
| | | | | | | |

| Q39: Have you found | d it difficult to do sq | uat exercises due | to your foot symp | otoms <u>in the past 1</u> | month? |
|----------------------|--------------------------------|---------------------|-----------------------|----------------------------|-----------------------|
| (select one tha | at applies and place ' | "x" in the corresp | oonding box) | | |
| Not at | all Slightly | Moderately | Considerably | Extremely | |
| | | | | | |
| Q40: Have you found | l it difficult to iump | due to your foot | symptoms in the i | past month? | |
| _ | at applies and place ' | • | | • | |
| (Select one the | a applies and place | A in the corresp | Johanna Dox) | | |
| Not at | all Slightly | Moderately | Considerably | Extremely | |
| | | | | | |
| Q41: Have you four | nd it difficult to pi | vot (turning you | r body around t | he axis of one fo | oot) due to your foot |
| - | the past month? | , | v | | , |
| | at applies and place ' | "x" in the correst | oonding box) | | |
| (22222 | F | | , c, | | |
| Not at | all Slightly | Moderately | Considerably | Extremely | |
| | | | | | |
| Q42: Have you found | l it difficult to run <u>a</u> | t full speed due to | your foot sympto | oms <u>in the past m</u> | onth? |
| (select one tha | at applies and place ' | "x" in the corresp | oonding box) | | |
| Not at | all Slightly | Moderately | Considerably | Extremely | |
| | | | | | |
| Q43: What is your co | irrent sports activity | v level? | | | |
| _ | an appropriate point of | |) indicating "a state | comparable to the | at before the |
| | nce of the foot problem | | | | |
| perform | - | m and o maleatin | g a state in winen | no sports-related a | envines can be |
| | eu . | | | | |
| 0 | | | | 10 | |
| No sports-relate | ed | | The s | same as before the | |
| activities can be | 2 | | occui | rence of the foot | |
| performed | | | probl | em | |

The Japanese Orthopaedic Association / Japanese Society for Surgery of the Foot, Self-Administered Foot

Evaluation Questionnaire (SAFE-Q) can't be changed or modified without permission.