

Patient ID		Date	
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Leeds Foot Impact Scale

On the following pages you will find some statements which have been made by people who have arthritis in their feet. We would like you to tick "**true**" if the statement applies to you, and tick "**not true**" if it does not.

Please remember to read each statement thinking about your feet.

Please choose the response that applies best to you at the moment.

		True	Not True
1	My feet get painful when I'm standing	<input type="checkbox"/>	<input type="checkbox"/>
2	My feet hurt me	<input type="checkbox"/>	<input type="checkbox"/>
3	I find the pain in my feet frustrating	<input type="checkbox"/>	<input type="checkbox"/>
4	The pain is worse when I've been on my feet all day	<input type="checkbox"/>	<input type="checkbox"/>
5	At the end of the day there is pain and tension in my feet	<input type="checkbox"/>	<input type="checkbox"/>
6	I never get rid of the stiffness in the background	<input type="checkbox"/>	<input type="checkbox"/>
7	My feet throb at night	<input type="checkbox"/>	<input type="checkbox"/>
8	My feet wake me up at night	<input type="checkbox"/>	<input type="checkbox"/>
9	I feel as though I've got pebbles in my shoes	<input type="checkbox"/>	<input type="checkbox"/>
10	I get pain every time I put my foot down	<input type="checkbox"/>	<input type="checkbox"/>
11	I get a burning sensation all the time	<input type="checkbox"/>	<input type="checkbox"/>
12	I cry with pain	<input type="checkbox"/>	<input type="checkbox"/>
13	I can only walk in certain shoes	<input type="checkbox"/>	<input type="checkbox"/>
14	I need shoes with plenty of room in them	<input type="checkbox"/>	<input type="checkbox"/>
15	I am limited in my choice of shoes	<input type="checkbox"/>	<input type="checkbox"/>
16	I need a wider fit of shoes	<input type="checkbox"/>	<input type="checkbox"/>
17	I feel I need a lot of padding under my feet	<input type="checkbox"/>	<input type="checkbox"/>
18	My footwear always feels heavy	<input type="checkbox"/>	<input type="checkbox"/>
19	I have to keep swapping and changing my shoes	<input type="checkbox"/>	<input type="checkbox"/>
20	I can't get any shoes on	<input type="checkbox"/>	<input type="checkbox"/>
21	I walk bare foot all the time	<input type="checkbox"/>	<input type="checkbox"/>

Please turn the page over

IF Score

Please remember to read each statement thinking about your feet and choose the response that applies best to you at the moment.

		True	Not True
22	I feel unsafe on my feet	<input type="checkbox"/>	<input type="checkbox"/>
23	I have to walk for a bit and sit for a bit	<input type="checkbox"/>	<input type="checkbox"/>
24	I can't run	<input type="checkbox"/>	<input type="checkbox"/>
25	I find I shuffle around	<input type="checkbox"/>	<input type="checkbox"/>
26	I am limping about all the time	<input type="checkbox"/>	<input type="checkbox"/>
27	I have to use a walking stick or walking frame	<input type="checkbox"/>	<input type="checkbox"/>
28	It takes me all my time to climb the stairs	<input type="checkbox"/>	<input type="checkbox"/>
29	I need help to climb stairs	<input type="checkbox"/>	<input type="checkbox"/>
30	I can't walk on cobbles	<input type="checkbox"/>	<input type="checkbox"/>
31	I am unsteady on uneven surfaces	<input type="checkbox"/>	<input type="checkbox"/>
32	I can't walk as far as I would like to	<input type="checkbox"/>	<input type="checkbox"/>
33	It takes me longer to do things	<input type="checkbox"/>	<input type="checkbox"/>
34	My whole life has been adapted	<input type="checkbox"/>	<input type="checkbox"/>
35	My feet restrict my movement	<input type="checkbox"/>	<input type="checkbox"/>
36	I get annoyed because I'm slower	<input type="checkbox"/>	<input type="checkbox"/>
37	I get frustrated because I can't do things so quickly	<input type="checkbox"/>	<input type="checkbox"/>
38	My whole life has slowed down	<input type="checkbox"/>	<input type="checkbox"/>
39	It's reduced the range of things I can do	<input type="checkbox"/>	<input type="checkbox"/>
40	I have to plan everything out	<input type="checkbox"/>	<input type="checkbox"/>
41	I can't keep up like I used to	<input type="checkbox"/>	<input type="checkbox"/>
42	Socially its affected me a lot	<input type="checkbox"/>	<input type="checkbox"/>
43	I am ashamed of how I walk	<input type="checkbox"/>	<input type="checkbox"/>
44	I'm nervous of missing a curb edge	<input type="checkbox"/>	<input type="checkbox"/>
45	I feel isolated because I can't go very far	<input type="checkbox"/>	<input type="checkbox"/>
46	I feel I slow other people down	<input type="checkbox"/>	<input type="checkbox"/>
47	I can't do some of the things I take for granted	<input type="checkbox"/>	<input type="checkbox"/>
48	I can't go for walks with the people close to me	<input type="checkbox"/>	<input type="checkbox"/>
49	I'm finding it difficult to be independent	<input type="checkbox"/>	<input type="checkbox"/>
50	I dread finishing up in a wheelchair	<input type="checkbox"/>	<input type="checkbox"/>
51	I get frustrated because I can't do things for myself	<input type="checkbox"/>	<input type="checkbox"/>

Thank you. There are no more questions to answer.

AP Score

Total Score

