Patient check list

Please mark the activities that you are not able to perform due to your foot condition.

_____ Swimming

_____ Walking ______ more than 1 block, ______ more than 5 blocks, ______ more than 10 blocks

_____ Running

_____ Jogging

_____ Housework

_____ Yard work

_____ Driving

_____ Yoga

_____ Exercise

_____ Work

_____ Shopping

_____ Climbing stairs

Where is your pain located specifically?

_____ In the Bump

_____ In the Toes

_____ In the Joint

_____ With shoes on

_____ With shoes off

_____ With motion in the Bump area

_____ Without motion in the Bump area

_____ With motion of the Joint

_____ Without motion of the Joint

________________________________________  ____________

Patient signature                                          Date

________________________________________  ____________

Witness              Date