

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

Patient Name		Sex	Date of Birth
		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 (✓) in the appropriate box.
 - II. Put a cross (×) on the line.

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

(select the one that applies and place an “x” in the corresponding box)

Never	Occasionally	Sometimes	Often	Always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

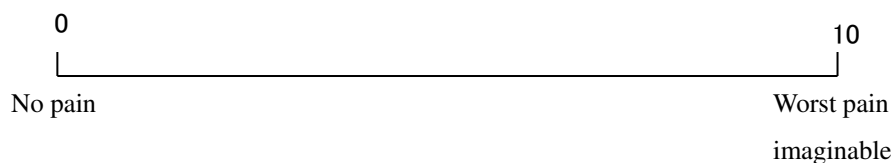
Q2: Have you had difficulty in sleeping due to foot pain in the past week?

(select the one that applies and place an “x” in the corresponding box)

Never	Occasionally	Sometimes	Often	Always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q3: How intense was the most severe pain you experienced in your feet in the past week?

Place an “x” at the appropriate point on the line, with 0 indicating “no pain” and 10 indicating “worst pain imaginable”.



Q4: How intense was the foot pain you experienced while walking on flat ground in the past week?

(select the one that applies and place an “x” in the corresponding box)

No pain	Mild	Moderate	Severe	Very Severe
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q5: Have you had foot pain in the past week?

(select the one that applies and place an “x” in the corresponding box)

Never	Occasionally	Sometimes	Often	Always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q6: How intense was the foot pain you experienced when you woke up in the morning in the past week?

(select the one that applies and place an “x” in the corresponding box)

No pain	Mild	Moderate	Severe	Very Severe
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q7: How intense was the foot pain you experienced at the end of each 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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q8: Have you had difficulty in putting on your usual shoes due to foot pain in the past week?

(select the one that applies and place an “x” in the corresponding box)

Never	Occasionally	Sometimes	Often	Always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	Considerably	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q10: How intense was the foot pain you experienced while walking barefoot in the past week?

(select the one that applies and place an “x” in the corresponding box)

No pain	Mild	Moderate	Severe	Very Severe
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q11: How intense was the foot pain you experienced while walking in shoes in the past week?

(select the one that applies and place an “x” in the corresponding box)

No pain	Mild	Moderate	Severe	Very Severe
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q12: Have you found it difficult to go upstairs due to your foot symptoms in the past week?

(select the one that applies and place an “x” in the corresponding box)

Not at all	Slightly	Moderately	Considerably	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q13: Have you found it difficult to go downstairs due to your foot symptoms in the past week?

(select the one that applies and place an “x” in the corresponding box)

Not at all	Slightly	Moderately	Considerably	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q14: Have you found it difficult to squat due to your foot symptoms in the past week?

(select the one that applies and place an “x” in the corresponding box)

Not at all	Slightly	Moderately	Considerably	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q15: Have you found it difficult to put on socks due to your foot symptoms in the past week?

(select the one that applies and place an “x” in the corresponding box)

Not at all	Slightly	Moderately	Considerably	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q16: How long have you been able to walk on flat ground in shoes without rest in the past week?

(select the one that applies and place an “x” in the corresponding box)

More than	about	about	about	less than
30 min	15 min	5 min	1 min	1 min
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q17: Have you found it difficult to walk uphill due to your foot symptoms in the past week?

(select the one that applies and place an “x” in the corresponding box)

Not at all	Slightly	Moderately	Considerably	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q18: Have you found it difficult to walk downhill due to your foot symptoms in the past week?

(select the one that applies and place an “x” in the corresponding box)

Not at all	Slightly	Moderately	Considerably	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q19: Have you found it difficult to walk on uneven ground, such as rough or graveled roads, due to your foot symptoms in the past week?

(select the one that applies and place an “x” in the corresponding box)

Not at all Slightly Moderately Considerably Extremely

Q20: Have you found it difficult to stand on your toes due to your foot symptoms in the past week?

(select the one that applies and place an “x” in the corresponding box)

Not at all Slightly Moderately Considerably Extremely

Q21: Have you used a walking stick or handrails inside your house due to your foot symptoms in the past week?

(select the one that applies and place an “x” in the corresponding box)

Never Occasionally Sometimes Often Always

Q22: Have you used a walking stick outside your house due to your foot symptoms in the past week?

(select the one that applies and place an “x” in the corresponding box)

Never Occasionally Sometimes Often Always

Q23: Have you found it difficult to go out to an event or a department store 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 Considerably Extremely

Q24: Have you found it difficult to perform routine activities, such as lessons, socializing with friends or voluntary work, 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 Considerably Extremely

Q25: Have you had difficulty going to work, school, or shopping nearby due to your foot symptoms in the past month?

Not at all Slightly Moderately Considerably Extremely

Q26: Have you found it difficult to take a trip, such as a business trip or journey, due to your foot symptoms in the past month?

Not at all Slightly Moderately Considerably 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 Considerably Extremely

Q28: Have you had difficulty in doing work, school activities or household duties 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 Considerably Extremely

Q29: Have you felt anxious due to your foot symptoms in the past week?

(select the one that applies and place an “x” in the corresponding box)

Never Occasionally Sometimes Often Always

Q30: Have you felt depressed due to your foot symptoms in the past week?

(select the one that applies and place an “x” in the corresponding box)

Never Occasionally Sometimes Often Always

Q31: Have you felt frustrated due to your foot symptoms in the past week?

(select the one that applies and place an “x” in the corresponding box)

Never	Occasionally	Sometimes	Often	Always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q32: Have you felt that you were bothering people around you due to your foot symptoms in the past week?

(select the one that applies and place an “x” in the corresponding box)

Never	Occasionally	Sometimes	Often	Always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q33: Have you felt that you were handicapped due to your foot symptoms in the past week?

(select the one that applies and place an “x” in the corresponding box)

Never	Occasionally	Sometimes	Often	Always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q34: Have you had difficulty in putting on high-fashion or formal shoes in the past month?

(select the one that applies and place an “x” in the corresponding box)

Never	Occasionally	Sometimes	Often	Always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

Sports Activity (Optional Item)

Please check one of the boxes below to indicate whether you play sports or not.

- I do not play sports.
 I play sports.

If you play one or more types of sports, please indicate the sport event that you consider is most important below:

The most important sport event is: _____

Q35: Have you found it difficult to run on flat ground due to your foot symptoms in the past month?

(select one that applies and place “x” in the corresponding box)

Not at all	Slightly	Moderately	Considerably	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q36: Have you found it difficult to run on uneven ground due to your foot symptoms in the past month?

(select one that applies and place “x” in the corresponding box)

Not at all	Slightly	Moderately	Considerably	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q37: Have you found it difficult to change direction suddenly while running fast due to your foot symptoms in the past month?

(select one that applies and place “x” in the corresponding box)

Not at all	Slightly	Moderately	Considerably	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q38: Have you found it difficult to hop on one foot due to your foot symptoms in the past month?

(select one that applies and place “x” in the corresponding box)

Not at all	Slightly	Moderately	Considerably	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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