

Manchester-Oxford Foot Questionnaire (MOxFQ)

English version for the United Kingdom

Prior to completing the Questionnaire please complete the following:-

Today's Date:

<input type="text"/>							
D	D	M	M	2	0		
		Y	Y	Y	Y		

On which side of your body is the affected joint, **for which you are receiving/have received treatment.**

Left

Right

Both

If you said 'both', please complete the first questionnaire thinking about the right side. A second questionnaire, for the left side, will follow.

1. During the past 4 weeks this has applied to me:

I have pain in my foot

None of the time	Rarely	Some of the time	Most of the time	All of the time
<input type="checkbox"/>				

2. During the past 4 weeks this has applied to me:

I avoid walking long distances because of pain in my foot

None of the time	Rarely	Some of the time	Most of the time	All of the time
<input type="checkbox"/>				

3. During the past 4 weeks this has applied to me:

I change the way I walk due to pain in my foot

None of the time	Rarely	Some of the time	Most of the time	All of the time
<input type="checkbox"/>				

4. During the past 4 weeks this has applied to me:

I walk slowly because of pain in my foot

None of the time	Rarely	Some of the time	Most of the time	All of the time
<input type="checkbox"/>				

5. During the past 4 weeks this has applied to me:

I have to stop and rest my foot because of pain

None of the time	Rarely	Some of the time	Most of the time	All of the time
<input type="checkbox"/>				

6. During the past 4 weeks this has applied to me:

I avoid some hard or rough surfaces because of pain in my foot

None of the time	Rarely	Some of the time	Most of the time	All of the time
<input type="checkbox"/>				

7. During the past 4 weeks this has applied to me:

I avoid standing for a long time because of pain in my foot

None of the time	Rarely	Some of the time	Most of the time	All of the time
<input type="checkbox"/>				

8. During the past 4 weeks this has applied to me:

I catch the bus or use the car instead of walking, because of pain in my foot

None of the time	Rarely	Some of the time	Most of the time	All of the time
<input type="checkbox"/>				

9. During the past 4 weeks this has applied to me:

I feel self-conscious about my foot

None of the time	Rarely	Some of the time	Most of the time	All of the time
<input type="checkbox"/>				

10. During the past 4 weeks this has applied to me:

I feel self-conscious about the shoes I have to wear

None of the time	Rarely	Some of the time	Most of the time	All of the time
<input type="checkbox"/>				

11. During the past 4 weeks this has applied to me:

The pain in my foot is more painful in the evening

None of the time	Rarely	Some of the time	Most of the time	All of the time
<input type="checkbox"/>				

12. During the past 4 weeks this has applied to me:

I get shooting pains in my foot

None of the time	Rarely	Some of the time	Most of the time	All of the time
<input type="checkbox"/>				

13. During the past 4 weeks this has applied to me:

The pain in my foot prevents me from carrying out my work/everyday activities

None of the time	Rarely	Some of the time	Most of the time	All of the time
<input type="checkbox"/>				

14. During the past 4 weeks this has applied to me:

I am unable to do all my social or recreational activities because of pain in my foot

None of the time	Rarely	Some of the time	Most of the time	All of the time
<input type="checkbox"/>				

15. During the past 4 weeks...

How would you describe the pain you usually have in your foot?

None	Very mild	Mild	Moderate	Severe
<input type="checkbox"/>				

16. During the past 4 weeks...

Have you been troubled by pain from your foot in bed at night?

No nights	Only 1 or 2 nights	Some nights	Most nights	Every night
<input type="checkbox"/>				

Finally, please check that you have answered every question.

Thank you very much.