MANCHESTER-OXFORD FOOT QUESTIONNAIRE (MOXFQ)

Circle as appropriate: **RIGHT / LEFT** ***During the past 4 weeks this has applied to me:***	*Please tick ✓ one box for each statement*				
	None of the time	**Rarely**	**Some of the time**	**Most of the time**	**All of the time**
1. I have pain in my foot/ankle	❑	❑	❑	❑	❑
2. I avoid walking long distances because of pain in my foot/ankle	❑	❑	❑	❑	❑
3. I change the way I walk due to pain in my foot/ankle	❑	❑	❑	❑	❑
4. I walk slowly because of pain in my foot/ankle	❑	❑	❑	❑	❑
5. I have to stop and rest my foot/ankle because of pain	❑	❑	❑	❑	❑
6. I avoid some hard or rough surfaces because of pain in my foot/ankle	❑	❑	❑	❑	❑
7. I avoid standing for a long time because of pain in my foot/ankle	❑	❑	❑	❑	❑
8. I catch the bus or use the car instead of walking, because of pain in my foot/ankle	❑	❑	❑	❑	❑
9. I feel self-conscious about my foot/ankle	❑	❑	❑	❑	❑
10. I feel self-conscious about the shoes I have to wear	❑	❑	❑	❑	❑

Please turn to next page

During the past 4 weeks this has applied to me:	*Please tick ✓one box for each statement*				
	None of the time	**Rarely**	**Some of the time**	**Most of the time**	**All of the time**
11. The pain in my foot/ankle is more painful in the evening	❑	❑	❑	❑	❑
12. I get shooting pains in my foot/ankle	❑	❑	❑	❑	❑
13. The pain in my foot/ankle prevents me from carrying out my work/everyday activities	❑	❑	❑	❑	❑
14. I am unable to do all my social or recreational activities because of pain in my foot/ankle	❑	❑	❑	❑	❑

15. During the past 4 weeks how would you describe the pain you usually have in your foot/ankle? *(please tick one box)*

None	Very mild	Mild	Moderate	Severe
❑	❑	❑	❑	❑

16. During the past 4 weeks have you been troubled by pain from your foot/ankle in bed at night? *(please tick one box)*

No nights	Only 1 or 2 nights	Some nights	Most nights	Every night
❑	❑	❑	❑	❑

Finally, please check that you have answered every question

Thank you very much