

SPORTS ANKLE RATING SYSTEM – QUALITY OF LIFE MEASURE

SCALE 1: SYMPTOMS

Instructions: Please circle the answer that **best** describes your ankle symptoms **during the last week**.

1. How often was your ankle painful?

constantly	frequently	occasionally	rarely	never
0	1	2	3	4

2. How often did you experience ankle swelling?

constantly	frequently	occasionally	rarely	never
0	1	2	3	4

3. How often did your ankle feel stiff?

constantly	frequently	occasionally	rarely	never
0	1	2	3	4

4. How often did your ankle feel weak?

constantly	frequently	occasionally	rarely	never
0	1	2	3	4

5. How often did your ankle give way?

constantly	frequently	occasionally	rarely	never
0	1	2	3	4

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SCALE 2: WORK / SCHOOL ACTIVITIES

Instructions: Please circle the answer that **best** describes the impact that your ankle had on your work / school activities **during the last week**.

1. How much difficulty did your ankle give you when you changed direction in your work / school activities?

substantial difficulty	quite a bit of difficulty	moderate difficulty	a little bit of difficulty	no difficulty
0	1	2	3	4

2. How much difficulty did your ankle give you in tasks that required squatting?

substantial difficulty	quite a bit of difficulty	moderate difficulty	a little bit of difficulty	no difficulty
0	1	2	3	4

3. How painful was your ankle after performing your work / school activities for 30 minutes?

extremely painful	very painful	moderately painful	a little painful	no pain at all
0	1	2	3	4

4. How often did you require rest breaks in your work / school tasks due to your ankle?

unable to work	frequently	occasionally	rarely	never
0	1	2	3	4

5. How much did your ankle effect your performance at work / school?

substantially	quite a bit	somewhat	a little bit	none
0	1	2	3	4

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SCALE 3: RECREATION AND SPORTS

Instructions: Please circle the answer that **best** describes the impact that your ankle had on your sports and leisure activity **during the last week**.

1. How much did your ankle effect your ability to perform your regular exercise program?

substantially	quite a bit	somewhat	a little bit	not at all
0	1	2	3	4

2. How much did your ankle effect your ability to change directions quickly?

substantially	quite a bit	somewhat	a little bit	not at all
0	1	2	3	4

3. How much did your ankle limit you when playing sports?

can't play	quite a bit	somewhat	a little bit	not at all
0	1	2	3	4

4. How much has your ankle caused you to adjust your competitive expectations / aspirations?

substantially	quite a bit	somewhat	a little bit	not at all
0	1	2	3	4

5. How concerned were you about injuring your ankle when playing sports?

can't play sports	very concerned	somewhat concerned	a little bit concerned	not concerned at all
0	1	2	3	4

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SCALE 4: ACTIVITIES OF DAILY LIVING

Instructions: Please circle the answer that **best** describes the impact that your ankle had on your daily activities during the last week.

1. How painful was your ankle during your daily activities?

extremely painful	very painful	moderately painful	a little painful	no pain at all
0	1	2	3	4

2. How much difficulty did your ankle give you when you took care of yourself physically (for example, dressing or taking a shower)?

substantial difficulty	quite a bit of difficulty	moderate difficulty	a little bit of difficulty	no difficulty
0	1	2	3	4

3. How much difficulty did your ankle give you when you performed household chores?

can't do my chores	quite a bit of difficulty	moderate difficulty	a little bit of difficulty	no difficulty
0	1	2	3	4

4. How much did your ankle slow you down when you performed your daily activities?

substantially	quite a bit	somewhat	a little bit	not at all
0	1	2	3	4

5. How much did your ankle effect your ability to participate in your typical social activities?

substantially	quite a bit	somewhat	a little bit	not at all
0	1	2	3	4

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SCALE 5: LIFESTYLE

Instructions: Please circle the answer that **best** describes the impact that your ankle had on your lifestyle **during the last week.**

1. How much did your ankle effect your enjoyment of life?

substantially	quite a bit	somewhat	a little bit	not at all
0	1	2	3	4

2. How much confidence have you had in your ankle?

no confidence at all	very little confidence	some confidence	a lot of confidence	complete confidence
0	1	2	3	4

3. How often did you think about your ankle? (examples: my ankle hurts, my ankle won't let me...)

constantly	frequently	occasionally	rarely	never
0	1	2	3	4

4. How much did your injured ankle limit your ability to do the things you wanted to do?

substantially	quite a bit	somewhat	a little bit	not at all
0	1	2	3	4

5. How much did lifestyle changes caused by your ankle (for example, not being able to do something you wanted to) effect your ability to enjoy spending time with other people?

substantially	quite a bit	somewhat	a little bit	not at all
0	1	2	3	4