

Ankle Osteoarthritis Scale (AOS) Questionnaire

INSTRUCTIONS: The line next to each item represents the amount of pain you typically had in each situation. On the far left is “No Pain” and on the far right is “The worst pain imaginable.” Place a mark on the line to indicate how bad your ankle pain was in each of the following situations during the past week. If you were not involved in one or more of these situations, mark that item NA.

Questions: How severe was your ankle pain:

| | No Pain | Worst Pain Imaginable | N/A |
|--|---------|-----------------------|--------------------------|
| 1. At its worst? | _____ | _____ | <input type="checkbox"/> |
| 2. Before you get up in the morning? | _____ | _____ | <input type="checkbox"/> |
| 3. When you walked barefoot? | _____ | _____ | <input type="checkbox"/> |
| 4. When you stood barefoot? | _____ | _____ | <input type="checkbox"/> |
| 5. When you walked wearing shoes? | _____ | _____ | <input type="checkbox"/> |
| 6. When you stood wearing shoes? | _____ | _____ | <input type="checkbox"/> |
| 7. When you walked wearing shoe inserts or braces? | _____ | _____ | <input type="checkbox"/> |
| 8. When you stood wearing shoe inserts or braces? | _____ | _____ | <input type="checkbox"/> |
| 9. At the end of the day? | _____ | _____ | <input type="checkbox"/> |

INSTRUCTIONS: The line next to each item represents the amount of difficulty you had performing an activity. On the far left is “No Difficulty” and on the far right is “So difficult unable”. Place a mark on the line to indicate how much difficulty you had performing each activity because of your ankle during the past week. If you did not perform an activity during the past week, mark that item NA.

Questions: How much difficulty did you have:

| | No Difficulty | So Difficult Unable | N/A |
|--------------------------------------|---------------|---------------------|--------------------------|
| 1. Walking around the house? | _____ | _____ | <input type="checkbox"/> |
| 2. Walking outside on uneven ground? | _____ | _____ | <input type="checkbox"/> |
| 3. Walking four blocks or more? | _____ | _____ | <input type="checkbox"/> |
| 4. Climbing stairs? | _____ | _____ | <input type="checkbox"/> |
| 5. Descending stairs? | _____ | _____ | <input type="checkbox"/> |
| 6. Standing on tip toes? | _____ | _____ | <input type="checkbox"/> |
| 7. Getting out of a chair? | _____ | _____ | <input type="checkbox"/> |
| 8. Climbing up or down curbs? | _____ | _____ | <input type="checkbox"/> |
| 9. Walking fast or running? | _____ | _____ | <input type="checkbox"/> |

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Fig. E-1

The Ankle Osteoarthritis Scale (AOS) Questionnaire⁴. Scores increase as pain or impairment increase. (Copyright © 2000. AAOS/AAHKS/AOSSM/HS/KS/ORA/OTA/AANA/AOFAS/MTS. Reproduced with permission of the American Academy of Orthopaedic Surgeons.)



Fig. E-2

Patient enrollment, exclusion, and loss to follow-up.