

Name:

Date:

We are interested in knowing whether you are having difficulty at all with the activities listed below **because of your lower limb** problem for which you are currently seeking attention. Please provide an answer for each activity.

Today, *do you or would you* have any difficulty at all with:

	Extreme difficulty or totally unable (0 points each)	Quite a bit of difficulty (1 point each)	Moderate difficulty (2 points each)	A little bit of difficulty (3 points each)	No difficulty whatsoever (4 points each)
Any usual work, housework, or school activities					
Usual hobbies, rec or sporting activities					
Getting into or out of the bath					
Walking between rooms					
Putting on your shoes or socks					
Squatting					
Lifting an object like a bag of groceries from the floor					
Performing light home activities					
Performing heavy activities around your home					
Getting into or out of a car					
Walking 2 blocks					
Walking a mile					
Going up or down 10 stairs					
Standing for 1 hour					
Sitting for 1 hour					
Running on even ground					
Running on uneven ground					
Making sharp turns while running fast					
Hopping					
Rolling over in bed					

Minimum Level of Detectable Change (90% Confidence): 9 points

SCORE: _____ / 80