LOWER LIMB FUNCTIONAL INDEX

DATE:_____

NAME:_____ **INJURY**_____ ☐ **LEFT LEG** ☐ **RIGHT LEG**

PLEASE COMPLETE: Your leg/s may make it difficult to do some things you normally do. This list contains sentences people use to describe themselves with such problems. Think of yourself over the last few days. **If an item describes you, mark the Box '*Partly' or 'Yes'*. If an item does not describe you, Mark the Box '*NO'*.**

DUE TO MY LEG/S:

No	Partly	Yes	
☐	☐	☐	1. I stay at home most of the time.
☐	☐	☐	2. I change position frequently for comfort.
☐	☐	☐	3. I avoid heavy jobs (e.g. cleaning, lifting more than 5kg or 10lbs, gardening, etc).
☐	☐	☐	4. I rest more often.
☐	☐	☐	5. I get others to do things for me.
☐	☐	☐	6. I have the pain / problem almost all the time.
☐	☐	☐	7. I have difficulty lifting and carrying (e.g. bags, shopping up to 5kg or 10lbs).
☐	☐	☐	8. My appetite is now different.
☐	☐	☐	9. My walking or normal recreation or sporting activity is affected.
☐	☐	☐	10. I have difficulty with normal home or family duties and chores.
☐	☐	☐	11. I sleep less well.
☐	☐	☐	12. I need assistance with personal care (e.g. washing and hygiene).
☐	☐	☐	13. My regular daily activities (work, social contacts) are affected.
☐	☐	☐	14. I am more irritable and / or bad tempered.
☐	☐	☐	15. I feel weaker and / or stiffer.
☐	☐	☐	16. My transport independence is affected (driving, public transport).
☐	☐	☐	17. I have difficulty or need help with dressing (e.g. trousers / pants / shoes and socks).
☐	☐	☐	18. I have difficulty changing directions, twisting or turning.
☐	☐	☐	19. I am unable to move as fast as I would wish.
☐	☐	☐	20. I have difficulty with prolonged or extended standing.
☐	☐	☐	21. I have difficulty bending, squatting and / or reaching down.
☐	☐	☐	22. I have difficulty with long or extended walks.
☐	☐	☐	23. I have difficulty with steps and stairs.
☐	☐	☐	24. I have difficulty with sitting for prolonged or extended times.
☐	☐	☐	25. I have problems with balance on uneven surfaces and / or with unaccustomed footwear.

LLFI SCORE: To score the upper part - add the marked boxes:

☐ **TOTAL (LLFI points)** **100 Scale: 100 – (TOTALx4) =** ☐ **%**

MDC (90% CI): 6.67% or 1.67 LLFI-points Change less than this may be due to error.