



LOWER LIMB FUNCTIONAL INDEX

Name: _____ Date: _____

Injury: _____ Left Right

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.

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

INTERNAL USE ONLY	<input style="width: 50px; height: 20px;" type="text"/>	LLFI SCORE: To score the upper part, add the marked boxes. TOTAL (LLFI points above) x 4 = _____ / 100 points.	FINAL TOTAL (100 – TOTAL) = <input style="width: 50px; height: 20px;" type="text"/> %
MDC (90% CI): 6.67% or 1.67 LLFI points. Change less than this may be due to error.			