

LOWER LIMB FUNCTIONAL INDEX- 10

DATE: _____

NAME: _____ INJURY _____ LEFT LEG RIGHT LEG

PLEASE COMPLETE ALL 4 PARTS - Each part has a separate score:

Your lower limb (leg) may make it difficult to do some things you normally do. This list contains sentences people use to describe themselves when they have such problems. Think of yourself now or 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:

No Partly Yes

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. I avoid heavy jobs eg. cleaning, lifting more than 5kg or 10lbs, gardening etc.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. I have the pain / problem almost all the time.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. I have difficulty with normal home or family duties and chores.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. I sleep less well.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. I need assistance with personal care eg. washing and hygiene.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. My regular daily activities (work, social contact) are affected.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. I am unable to move as fast as I would wish.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. I have difficulty with prolonged or extended standing.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. I have difficulty bending, squatting and / or reaching down.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. I have problems with my 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 (x 4) 100 – Total = %

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

Numeric Rating Scale (NRS)

In the last few days, as a whole person, **due to your LEG**, rank the **severity** of your **Overall Status** compared to before the injury?

Totalx10 = _____ %

<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>
Worst Possible			Half Way				Normal / No Problem			