



Cedar Park
 2519 S Lakeline Blvd
 Ste 100
 Cedar Park, TX 78613
 (512) 331-6200
 Fax (512) 331-6384

Four Points
 11007 FM 2222
 Austin, TX 78730
 (512) 792-4041
 Fax (512) 532-6701

LOWER EXTREMITY

Patient Name: _____ **Date Completed:** _____

*We are interested in knowing whether you are having any 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:

Activity	Extreme Difficulty or Unable to Perform Activity	Quite a Bit of Difficulty	Moderate Difficulty	A Little Bit of Difficulty	No Difficulty
Any of your usual work, housework, or school activities	0	1	2	3	4
Your usual hobbies, recreational or sporting activities	0	1	2	3	4
Getting into/out of the bath	0	1	2	3	4
Walking between rooms	0	1	2	3	4
Putting on your shoes or socks	0	1	2	3	4
Squatting	0	1	2	3	4
Lifting an object, like a bag of groceries from the floor	0	1	2	3	4
Performing light activities around your home	0	1	2	3	4
Performing heaving activities around your home	0	1	2	3	4
Getting into/out of a car	0	1	2	3	4
Walking 2 blocks	0	1	2	3	4
Walking a mile	0	1	2	3	4
Going up/down 10 stairs (approx 1 flight of stairs)	0	1	2	3	4
Standing for 1 hour	0	1	2	3	4
Sitting for 1 hour	0	1	2	3	4
Running on even ground	0	1	2	3	4
Running on uneven ground	0	1	2	3	4
Making sharp turns while running fast	0	1	2	3	4
Hopping	0	1	2	3	4
Rolling over in bed	0	1	2	3	4

SCORE: _____ /80

Please submit the sum of responses.