

Date: _____
 Patient: _____
 Physician: _____

Initial Evaluation Progress Note _____ Discharge

To better serve you we are interested in knowing whether you are having any difficulty with any of the following activities **because of your lower limb** problem which you are currently seeking attention. Please circle an answer for EACH activity:

Today, **do you or would you** have any difficulty with the following:

Activities	Extreme Difficulty/ Unable to perform	Quite a bit of Difficulty	Moderate Difficulty	A little bit of Difficulty	No difficulty
a. Any of your usual work, housework, or schoolwork	0	1	2	3	4
b. Your usual hobbies, recreational or sporting activities.	0	1	2	3	4
c. Getting into or out of the bath.	0	1	2	3	4
d. Walking between rooms.	0	1	2	3	4
e. Putting on your shoes and socks.	0	1	2	3	4
f. Squatting.	0	1	2	3	4
g. Lifting an object, like a bag of groceries from the floor.	0	1	2	3	4
h. Performing light activities around your home.	0	1	2	3	4
i. Performing heavy activities around your home.	0	1	2	3	4
j. Getting into and out of the car.	0	1	2	3	4
k. Walking 2 blocks.	0	1	2	3	4
l. Walking a mile.	0	1	2	3	4
m. Going up or down 10 stairs (about 1 flight of stairs).	0	1	2	3	4
n. Standing for one hour.	0	1	2	3	4
o. Sitting for 1 hour.	0	1	2	3	4
p. Running on even ground.	0	1	2	3	4
q. Running on uneven ground.	0	1	2	3	4
r. Making sharp turns while running faster.	0	1	2	3	4
s. Hopping.	0	1	2	3	4
t. Rolling over in bed.	0	1	2	3	4
Column Totals:					

Error (single measure): +/- 5 scale points.

MDC: 9 Scale Points MDIC: 9 Scale Points

Score: /80