

Lower Limb Function Questionnaire (LLFQ)

Participant's ID: _____ Participant's Age: _____ years Sex: M F

Diagnosis: _____

Type of Assistive Device: _____

Condition of Device: (circle one) Newly fitted Good working condition Poor/needs replacing
Other/details: _____

Participant's profession or current school grade level: _____

Date: ____/____/____ Researcher's Name: _____

Instructions: We would like you to compare your lower limb function and movement to that of a person of your age and gender who does not have a physical disability or need an assistive device. Answer each question by **placing a vertical mark anywhere on the line (as shown below)**. Do not circle the emoticon faces that are below the line – they are only a reference point for placing your mark. You can mark anywhere along the line including in between the emoticons as shown below. There is no right or wrong answer; just give the answer that best describes you and your experience. Please explain your score in the comments section below each line.

In the example below, a mark a little higher than neutral was given.

An example showing how to answer: Rate the difficulty of getting onto a commercial airplane (from "poor" - very difficult, to "excellent" - not very difficult at all).

Comment: *My leg is stiff and swings forward slowly, so I'm slower than most people, but I can do it successfully.*

1. Rate how your **gait looks** while you are walking (from "poor" – very abnormal, to "excellent" – very normal).

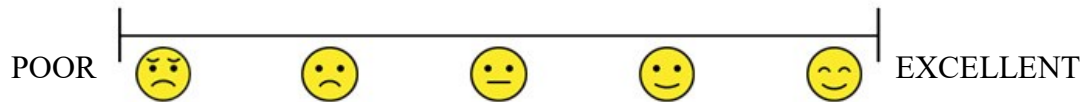
Comment: _____

2. Rate how you **sound** while walking (from "poor" – very abnormal, to "excellent" – very normal).

Comment: _____

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3. Rate your **comfort** while walking (from “poor” – very uncomfortable, to “excellent” – very comfortable).



Comment: _____

4. Rate your **pain** while walking (from “poor” – a lot of pain, to “excellent” – no pain).



Comment: _____

5. Rate how **balanced** you feel while **standing** (from “poor” – often unbalanced, to “excellent” – never off balance).



Comment: _____

6. Rate how **balanced** you feel while **walking** (from “poor” – often unbalanced, to “excellent” – never off).



Comment: _____

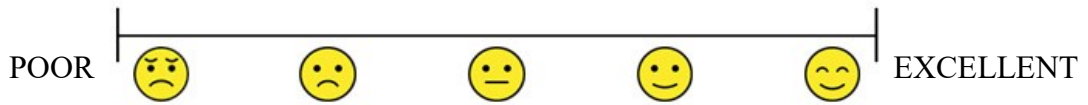
7. Rate how often you **fall** (from “poor” – very often, to “excellent” – almost never).



Comment: _____

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8. Rate how **exhausting** it is for you to walk as long as you need to (from “poor” – very exhausting, to “excellent” – not exhausting).



Comment: _____

9. Rate the amount of **energy** it takes to walk as long as you need to (from “poor” – a lot of energy, to “excellent” – very little energy).



Comment: _____

10. Rate how difficult it is for you to walk **around and between obstacles** and in **narrow spaces** (from “poor” – very difficult, to “excellent” – not difficult at all).



Comment: _____

11. Rate how **awkward** it is to walk (from “poor” – very awkward, to “excellent” – not awkward at all).



Comment: _____

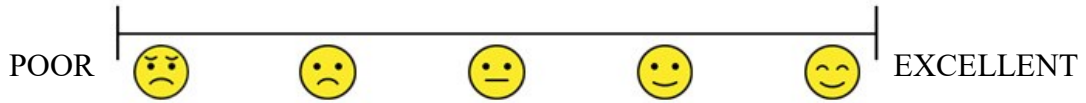
12. Rate how difficult it is for you to go **down stairs** (from “poor” – very difficult, to “excellent” – not difficult at all).



Comment: _____

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13. Rate how difficult it is for you to go **up stairs** (from “poor” – very difficult, to “excellent” – not difficult at all).



Comment: _____

14. Rate how difficult it is for you to go **down a slope or hill** (from “poor” – very difficult, to “excellent” – not difficult at all).



Comment: _____

15. Rate how difficult it is for you to go **up a slope or hill** (from “poor” – very difficult, to “excellent” – not difficult at all).



Comment: _____

16. Rate how difficult it is for you to **sit down and stand up** (from “poor” – very difficult, to “excellent” – not difficult at all).



Comment: _____

17. Rate how difficult it is to **get in and out of motor vehicles** (from “poor” – very difficult, to “excellent” – not difficult at all). *If you do not use motor vehicles such as cars, vans or buses, check the box:*



Comment: _____

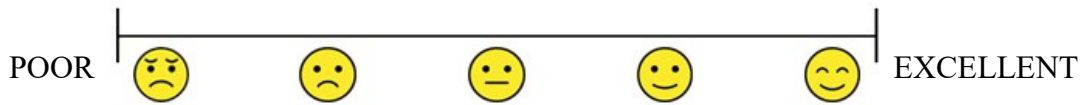
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18. Rate how difficult it is to **run** (from “poor” – very difficult, to “excellent” – not difficult at all).



Comment: _____

19. Rate how difficult it is to walk on **uneven terrain** (from “poor” – very difficult, cannot run, to “excellent” – not difficult at all).



Comment: _____

20. Rate how satisfied you are personally with your lower limb function (from “poor” – not satisfied at all, to “excellent” – very satisfied).



Comment: _____

Please provide any other information about your lower limb function or assistive device that you would like to share:
