LOWER LIMB FUNCTIONAL INDEX- 8 DATE:					
NAME:		INJURY		LEFT L	EG 🗌 RIGHT LEG
PLEASE COMPLETE ALL 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'.					
No Partly Yes		DUE TO MY	LEG:		
☐ ☐ 1. I avoid heavy jobs eg. cleaning, lifting more than 5kg or 10lbs, gardening etc.					
☐ ☐ 3. I have difficulty with normal home or family duties and chores.					
☐ ☐ 5. My regular daily activities (work, social contact) are affected.					
☐ ☐ 6. I have difficulty with prolonged or extended standing.					
☐ ☐ 7. I have difficulty bending, squatting and / or reaching down.					
☐ ☐ 8. 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:					
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 =%	0 1 Worst Possible	2 3	4 5 6 Half Way	7 8	9 10 I / No Problem
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