

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: _____

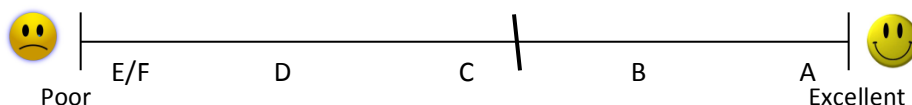
Participant's profession or current school grade level: _____

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 letter grades 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 letter grades 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.

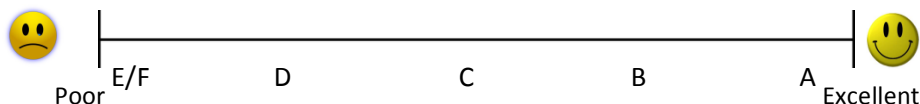
In the example below, a mark a little higher than a C was given.

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.)



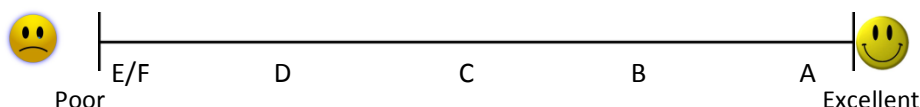
Comment: My leg is stiff and swings forward slowly, so I'm slower than most people, but I can do it successfully.

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



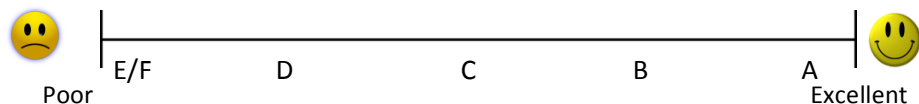
Comment: _____

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



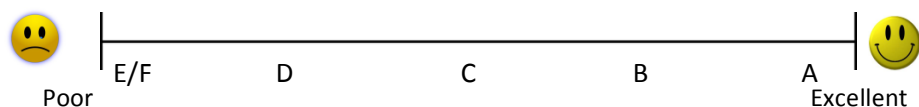
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3. **Rate your comfort while walking** (from “poor” – very uncomfortable, to “excellent” – very comfortable).



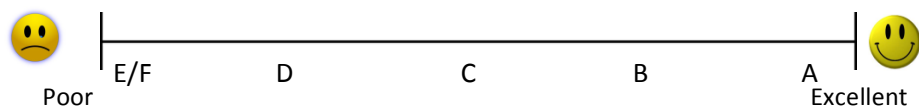
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4. **Rate your pain while walking** (from “poor” – a lot of pain, to “excellent” – no pain).



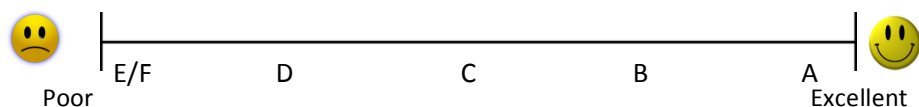
Comment: _____

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



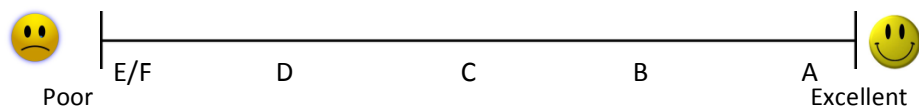
Comment: _____

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



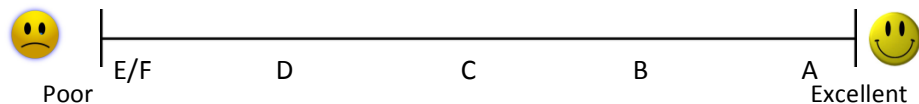
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7. **Rate how often you fall** (from “poor” – very often, to “excellent” – almost never).



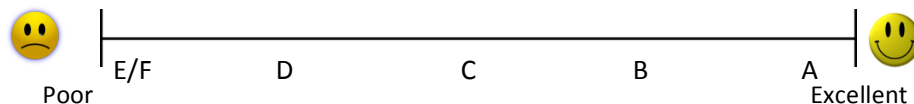
Comment: _____

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



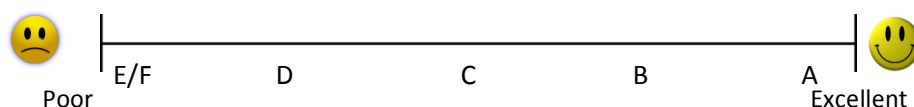
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9. **Rate the amount of energy it takes to walk as long as you need to** (from “poor” – a lot of energy, to “excellent” – very little energy).



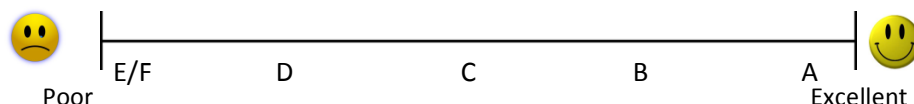
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10. **Rate how difficult it is for you to walk around and between obstacles and in narrow spaces** (from “poor” – very difficult, to “excellent” – not difficult at all).



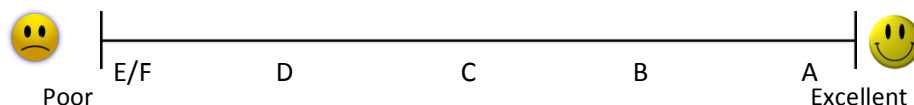
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11. **Rate how awkward it is to walk** (from “poor” – very awkward, to “excellent” – not awkward at all).



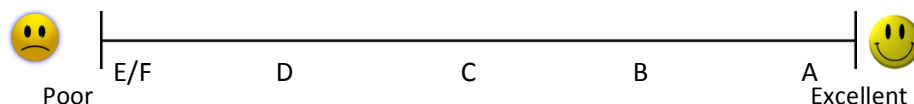
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12. **Rate how difficult it is for you to go down stairs** (from “poor” – very difficult, to “excellent” – not difficult at all).



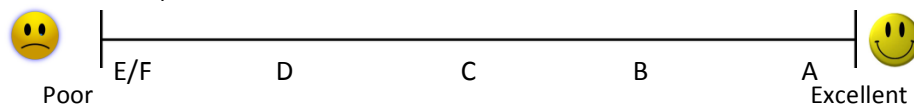
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13. **Rate how difficult it is for you to go upstairs** (from “poor” – very difficult, to “excellent” – not difficult at all).



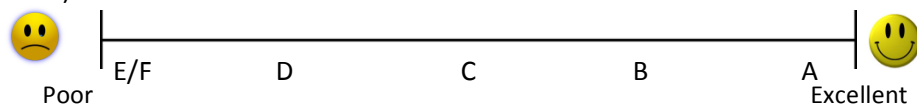
Comment: _____

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).



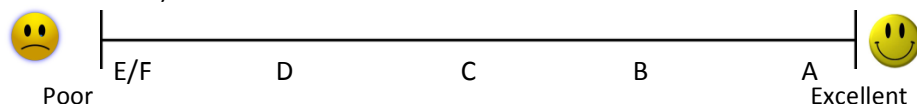
Comment: _____

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).



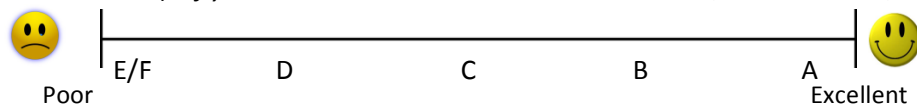
Comment: _____

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



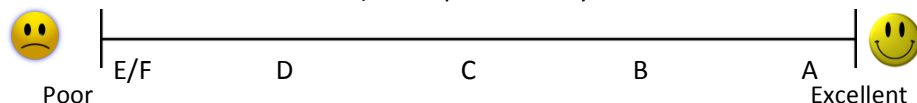
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17. **Rate how difficult it is to get in and out of motor vehicles** (from “poor” – very difficult, to “excellent” – not difficult at all). *If you do not use motor vehicles such as cars, vans or buses, check the box:* ☐ *Not Applicable*



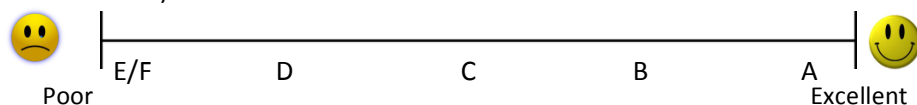
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18. **Rate how difficult it is to run** (from “poor” – very difficult, cannot run, to “excellent” – not difficult at all).



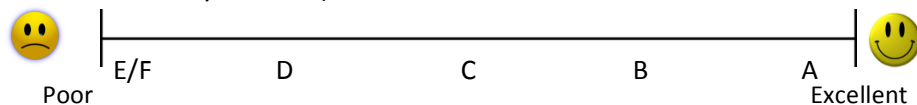
Comment: _____

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:
