

Rocky Mountain Physical Therapy Lower Extremity Disability Questionnaire

This questionnaire has been designed to give your therapist information as to how your lower extremity injury has affected your ability to manage in everyday life. We are interested in knowing whether you are having any difficulty at all with the activities listed below because of your lower extremity problem for which you are currently seeking medical attention. Please provide an answer for **each** activity.

Today, do you or would you have any difficulty at all with:

NAME: _____

DATE: _____

Activities	Difficulty or Unable to Perform Activity	Quite a bit of Difficulty	Extreme		
			Moderate Difficulty	A little Bit of Difficulty	No Difficulty
a. Any of your usual work, housework, or school activities.	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 or out of a car.	0	1	2	3	4
k. Walking two (2) blocks.	0	1	2	3	4
l. Walking a mile.	0	1	2	3	4
m. Going up or down ten (10) stairs (about one flight).	0	1	2	3	4
n. Standing for one (1) hour.	0	1	2	3	4
o. Sitting for one (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 fast.	0	1	2	3	4
s. Hopping.	0	1	2	3	4
t. Rolling over in bed.	0	1	2	3	4
Column Totals:	_____	_____	_____	_____	_____

Date: _____

Score: _____ / 80 pre/post treatment

MCD: 9 scale points