



Health and Rehabilitation Research  
Centre  
Auckland University of Technology

## LOWER LIMB TASKS QUESTIONNAIRE ACTIVITIES OF DAILY LIVING SECTION

**Patient:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### INSTRUCTIONS

Please rate your ability to do the following activities in the **past 24 hours** by circling the number below the appropriate response.

If you did not have the opportunity to perform an activity in the **past 24 hours**, please make your *best estimate* on which response would be the most accurate.

Please also rate how important each task is to you in your daily life according to the following scale:

- 1. = Not important
- 2. = Mildly important
- 3. = Moderately important
- 4. = Very important

Please answer all questions.

	NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	UNABLE	IMPORTANCE OF TASK
1. Walk for 10 minutes	4	3	2	1	0	1 2 3 4
2. Walk up or down 10 steps (1 flight)	4	3	2	1	0	1 2 3 4
3. Stand for 10 minutes	4	3	2	1	0	1 2 3 4
4. Stand for a typical work day	4	3	2	1	0	1 2 3 4
5. Get on and off a bus	4	3	2	1	0	1 2 3 4
6. Get up from a lounge chair	4	3	2	1	0	1 2 3 4
7. Push or pull a heavy trolley	4	3	2	1	0	1 2 3 4
8. Get in and out of a car	4	3	2	1	0	1 2 3 4
9. Get out of bed in the morning	4	3	2	1	0	1 2 3 4
10. Walk across a slope	4	3	2	1	0	1 2 3 4

TOTAL (/40): \_\_\_\_\_

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