

**Patient Identifier:**

Date of completion...../...../.....

**L  
e  
g  
A**

**LegA**

**Leg Activity  
Participation  
Symptoms**

**Leg Activity Measure**

Please indicate with a cross [X] who completed this questionnaire.

- Completed by you alone
- Completed by your carer, a family member  or paid carer  or another person
- Completed by you with the assistance of another person (not your carer)

Please indicate with a cross [X] who 'cares' for your affected leg (see the LEG-A items for examples of tasks).

- You
- Your carer, a family member  or paid carer  or another person
- You and your carer together (a family member  or paid carer  ) together
- You and another person, not your carer

This section of the questionnaire asks for information about you and how you do certain activities.

**Guidance for completion of the LEG A:**

**Section A** asks about 'caring' for your affected leg either yourself or by a carer or a combination of both of these.

**Section B** asks what activities you can do with your affected leg.

For each of the activities listed, please indicate (circle):

1. The amount of difficulty that you (or your carer) experience in doing the task, based on your activity over the last 7 days. Please estimate if you do the task but have not done so in the last 7 days.
2. If the task is never done, but this has nothing to do with your leg or is never done with your affected leg, score 0 = No difficulty.

**Section C** asks what general symptoms and difficulties you are having related to your leg which impact on your life.

For these questions you will need to score the extent to which each item impacts on you in your life based on the last 7 days.

If you are unable to complete the questionnaire independently, you may:

- Receive assistance from a carer or professional to act as scribe
- Receive assistance from a carer or professional to help you understand and complete questions.
- For the passive function sub-scale, a carer may complete the questionnaire on your behalf based on difficulty in carrying out the tasks.

**In each column, please CIRCLE the amount of difficulty that you or your carer have experienced in doing the activity, over the last 7 days.**

**If the activity is never done, but this has nothing to do with your leg or is never done with your affected leg, Score 0 = No difficulty**

**Section A: Caring for the affected leg (not using it in tasks or activities)**

	No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Unable to do activity
1. Cleaning and washing the area between your legs	0	1	2	3	4
2. Putting on a splint (If never done circle 0)	0	1	2	3	4
3. Positioning legs in a wheelchair (If never done circle 0)	0	1	2	3	4
4. Putting your leg(s) through a trouser leg(s) (If never done circle 0)	0	1	2	3	4
5. Transfer using a hoist, including positioning sling (If never done circle 0)	0	1	2	3	4
6. Putting on underwear or continence pads	0	1	2	3	4
7. Positioning your leg(s) in bed using a positioning aid or pillow (If never done circle 0)	0	1	2	3	4
8. Cleaning behind your knee (knees)	0	1	2	3	4
9. Putting on your footwear	0	1	2	3	4

**Section B: Independently completing activities using your affected leg**

	No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Unable to do activity
1. Turning in bed	0	1	2	3	4
2. Moving from lying to sitting	0	1	2	3	4
3. Being able to sit (including balance)	0	1	2	3	4
4. Transferring from bed to chair or wheelchair	0	1	2	3	4
5. Transferring from wheelchair to car	0	1	2	3	4
6. Moving from sitting to standing (including balance)	0	1	2	3	4
7. Standing (including balance)	0	1	2	3	4
8. Walking indoors (including balance)	0	1	2	3	4
9. Turning around (including balance)	0	1	2	3	4
10. Walking up stairs	0	1	2	3	4
11. Walking around obstacles or objects (including balance)	0	1	2	3	4
12. Walking over carpet	0	1	2	3	4
13. Walking outdoors	0	1	2	3	4
14. Walking over rough or uneven ground outdoors	0	1	2	3	4
15. Walking for half a mile or more	0	1	2	3	4

## Section C: Symptoms (impairments) and impact on your life (participation)

In each column, please CIRCLE how severe the symptom was over the last 7 days.

Not at all   A little   Moderately   Severely   Extremely

1. To what extent have you experienced pain or discomfort in your affected leg(s) or foot?	0	1	2	3	4
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2. To what extent have you experienced involuntary movements or leg spasms in your affected leg(s) (i.e. movements or abnormal limb postures that you can't control)?	0	1	2	3	4
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3. To what extent have you experienced involuntary movements or leg spasms impacting on your comfort or sleep?	0	1	2	3	4
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4. To what extent have you experienced restricted range of movement (due to shortening of muscles or stiffness in joints) in your affected leg(s)?	0	1	2	3	4
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5. To what extent is it difficult for you (or your carer) to care for your affected leg(s) (e.g. positioning your leg, putting on underwear or pads, or washing between your legs)?	0	1	2	3	4
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6. To what extent has your affected leg(s) limited your daily activities (e.g. sitting, transferring, walking or doing stairs)?	0	1	2	3	4
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7. To what extent have involuntary movements or tightness of your leg(s) or foot interfered with your mobility or balance?	0	1	2	3	4
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8. To what extent has your affected leg(s) limited your normal activities with family, friends, neighbours or groups (e.g. social activities)?	0	1	2	3	4
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9. To what extent has your affected leg limited your work or other regular activities (e.g. hobbies)?	0	1	2	3	4
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### Total Scores

Totaling section A, B and C separately produces a total score for each sub-scale of the measure. *The sub-scales should not be combined.*

Section A  
Section B  
Section C


Please answer the following questions about completing the **LegA**.

1. How long did it take to complete? (please circle)

<b>Under 5 Mins</b>	<b>5-10 Mins</b>	<b>11-15 Mins</b>	<b>16 – 20 Mins</b>	<b>Over 20 Mins</b>
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2. How relevant do you feel the questions were? (please circle)

<b>Very Relevant</b>	<b>Relevant</b>	<b>Moderately relevant</b>	<b>Little Relevance</b>	<b>Not Relevant</b>
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3. How easy do you feel the questionnaire is to complete? (please circle)

<b>Very Easy</b>	<b>Easy</b>	<b>Moderate</b>	<b>Difficult</b>	<b>Very Difficult</b>
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Please add any comments you would like to make?