

The Lumbar Functional Status 10-Item Short Form

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The following assessment will ask you about difficulties you may have with certain activities. It is an important part of your evaluation. It will help us:

- understand how your condition is affecting your activities, and
- develop treatment goals with you.

Please answer the questions with respect to the problem for which we are seeing you. Respond based on how you have been over the past few days.

Activities	Unable to perform activity	Extreme Difficulty	Quite a Bit of Difficulty	Moderate Difficulty	A little Bit of Difficulty	No Difficulty
Any of your usual work, housework, or school activities	1 ()	² O	3 O	4 O	5 O	6 O
Your usual hobbies, recreational, or sporting activities	1 🔿	2 🔾	3 🔿	4 🔾	5 O	6 O
Performing heavy activities around your home	1 🔿	2 🔾	3 О	4 🔿	5 O	6 O
Bending or stooping	1 O	2 🔿	3 O	4 🔿	5 O	6 O
Lifting a box of groceries from the floor	1 O	2 O	3 🔿	40	5 O	6 O
	Yes, limited a lot	Yes, limited a little	No, not limited at all			
Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports	10	2 🔾	3 O			
Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf	10	2 🔿	3 O			
Lifting or carrying groceries	10	2 O	3 🔾			
Attending social or cultural events	1 O	2 O	3 🔾			
Getting in and out of your chair	1 O	2 O	3 🔾			