

Revised Leeds Disability Questionnaire

PLEASE COMPLETE THIS RECORD AND GIVE IT TO THE DOCTOR SEEING YOU TODAY.

PLEASE TICK THE ONE RESPONSE WHICH BEST DESCRIBES YOUR ABILITIES OVER THE PAST WEEK.

PLEASE PAY CAREFUL ATTENTION TO COLUMN 3 (USING UNUSUAL MOVEMENTS). For example, if you can only get out of a car by pulling yourself up with your hand on the roof, then tick this column in response to question 1b.

	Able to do without difficulty	Able to do with difficulty	Only able to do using unusual movements or gadgets	Unable to do	Official use only
1. MOBILITY					
a. Getting into and out of the bath					
b. Getting into and out of the car					
c. Getting up and out of bed in the morning					
d. Rolling over in bed					
2. BENDING DOWN					
a. Wiping yourself after using the toilet					
b. Putting on and taking off your socks					
c. Putting on your shoes and tying your laces					
d. Cutting your toe nails					
3. NECK movements					
a. Opening high windows					
b. Looking both ways before crossing the road (e.g. do you have to move your feet)					
c. Looking at what you are reaching on a high shelf					
d. Drinking from a small glass or can (e.g. do you have to bend your knees?)					
4. POSTURE					
a. Walking on your heels					
b. Coughing or sneezing					
c. Sleep on your back					
d. Sleep on your stomach					
Total score					