



Stuart M. Goldman D.P.M.

Diplomat, American Board of Podiatric Surgery Fellow, American College of Foot & Ankle Surgeons

Marquis Who's Who in America, Who's Who in Medicine and Health Care

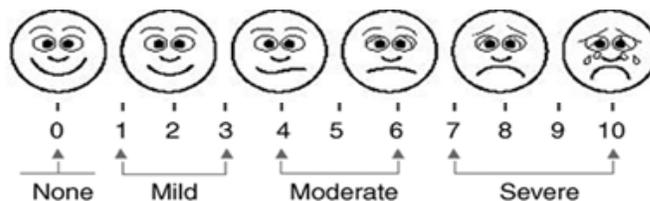
Conservative Care of the Foot and Leg

4000 Old Court Rd Suite 301 Pikesville, MD 21208

Office (410) 235-2345 HelpForYourFeet.com

LuSSSExt Scale Patient instructions

1. Please fill out this form slowly and carefully. Please take your time and properly identify the symptoms you have had.
2. Only record your symptoms or limitations that have been present on a fairly consistent basis. It is only such symptoms that can be followed.
 - a. For example, if you think that, despite being active, you rarely have a burning sensation on the top of your foot (less than every week), do not mention it. Only mention symptoms that are clearly present and fairly common. Symptoms must be common enough for you to notice that they have improved!
 - b. If, however, the symptom is present whenever you try to do any activity, such as walking as far as you would like, and you avoid the symptom by avoiding the activity, then you should record the symptom and describe how the symptom presents itself when you try to be active.
3. The following guide will be present at the top of each left-hand page to guide you. It presents two categories: LEVEL OF SYMPTOMS and LEVEL OF EFFECT.



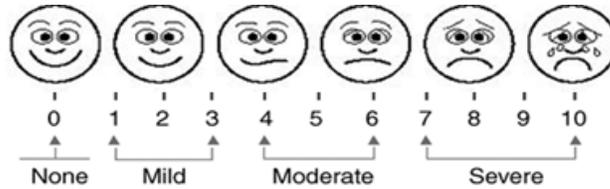
Level of symptoms

- 0 No symptoms
- 1—3 Mild definite symptoms
- 4—6 Moderate symptoms
- 7—9 Severe symptoms
- 10 Completely disabling symptoms

Level of effect

- 0 None
- 1. Mild occasional effect
- 2. Mild frequent effect
- 3. Mild constant effect
- 4. Moderate occasional effect
- 5. Moderate frequent effect
- 6. Severe occasional effect
- 7. Moderate constant effect
- 8. Severe frequent effect
- 9. Severe constant effect
- 10. Severe disabling constant effect

When filling out this form, use your own judgment. These answers will not be compared to other people's, but will allow you to understand your situation and to understand the amount of improvement you see with the treatment that is provided.



Level of symptoms

- 0 No symptoms
- 1—3 Mild definite symptoms
- 4—6 Moderate symptoms
- 7—9 Severe symptoms
- 10 Completely disabling symptoms

Level of effect

- 0 None
- 1. Mild occasional effect
- 2. Mild frequent effect
- 3. Mild constant effect
- 4. Moderate occasional effect
- 5. Moderate frequent effect
- 6. Severe occasional effect
- 7. Moderate constant effect
- 8. Severe frequent effect
- 9. Severe constant effect
- 10. Severe disabling constant effect

Overall symptoms

1. Overall, when you try to do normal activity, how severe is the level of symptoms in your back, thighs, legs or feet?

0 1 2 3 4 5 6 7 8 9 10
2. Overall, how do your symptoms in your back, thighs, legs or feet affect your ability to care for your daily needs:

0 1 2 3 4 5 6 7 8 9 10
3. Overall, how do the symptoms in your back, thighs, legs or feet affect your quality of life?

0 1 2 3 4 5 6 7 8 9 10
4. Overall, how do the symptoms in your back, thighs, legs or feet affect your mood?

0 1 2 3 4 5 6 7 8 9 10
5. Overall, how do the symptoms in your back, thighs, legs or feet affect your ability to be active?

0 1 2 3 4 5 6 7 8 9 10
6. Overall, how do the symptoms in your back, thighs, legs or feet affect your ability to engage in activity as you could many years ago?

0 1 2 3 4 5 6 7 8 9 10
7. Overall, how would you describe the arthritis pain in your back, hips or knees or feet? (any of above)

0 1 2 3 4 5 6 7 8 9 10
8. Overall, how do the symptoms in your back, thighs, legs, or feet affect your ability to get a full night's sleep?

0 1 2 3 4 5 6 7 8 9 10
9. Overall, how do the symptoms in your back, thighs, legs or feet affect your ability to get in and out of a bed or chair easily?

0 1 2 3 4 5 6 7 8 9 10
10. Overall, how far are you usually able to **walk comfortably, without any device or help?**
 - 0 Well over 1 mile
 - 1-About 1 mile
 - 2-About ¾ of a mile (7 blocks)
 - 3 About ½ mile (5 blocks)
 - 4-About ¼ mile (2 ½ blocks)
 - 5 – about 1 ½ blocks
 - 6 About 1 block (500 feet)
 - 7 about ½ block
 - 8 About ¼ block (125 feet)
 - 9 less than 100 feet (40 steps)
 - 10 less than 50 feet (20 steps)

11. How much do your back , thigh, leg or foot symptoms interfere with your ability to sleep?
- 0 My sleep is never disturbed
 - 2 My sleep is only occasionally disturbed by back, foot or leg symptoms
 - 4 Because of back foot or leg symptoms, I often have less than 6 hours of uninterrupted sleep
 - 6 Because of back foot or leg symptoms, I often have less than 4 hours of uninterrupted sleep
 - 8 Because of back foot or leg symptoms, I often have less than 2 hours of uninterrupted sleep
 - 10 Because of back foot or leg symptoms, I often have less than 1 hour of uninterrupted sleep
12. **How long can you stand before you want to sit** because of back, thigh, leg or foot discomfort?
- 0 over 30 minutes 2 21 - 30 minutes 4 11 – 20 minutes
 - 6 6- 10 minutes 8 3 to 5 minutes 10 less than 3 minutes
13. **How long can you walk before you want to sit** because of back, thigh, leg, or foot discomfort?
- 0 over 30 minutes 2 21 - 30 minutes 4 11 – 20 minutes
 - 6- 10 minutes 8 3 to 5 minutes 10 less than 3 minutes
14. How far can you walk before you have **some increased discomfort** in back, thighs, legs or feet ?
- 0 Well over 1 mile 1-About 1 mile 2-About $\frac{3}{4}$ of a mile (7 blocks)
 - 3 About $\frac{1}{2}$ mile (5 blocks) 4-About $\frac{1}{4}$ mile (2 $\frac{1}{2}$ blocks) 5 – about 1 $\frac{1}{2}$ blocks
 - 6 About 1 block (500 feet) 7 about $\frac{1}{2}$ block 8 About $\frac{1}{4}$ block (125 feet)
 - 9 less than 100 feet (40 steps) 10 less than 50 feet (20 steps)
15. Overall, how far are you usually able to walk comfortably without any device or help **before you must stop** because of symptoms in your back, thighs, legs, or feet?
- 0 Well over 1 mile 1-About 1 mile 2-About $\frac{3}{4}$ of a mile (7 blocks)
 - 3 About $\frac{1}{2}$ mile (5 blocks) 4-About $\frac{1}{4}$ mile (2 $\frac{1}{2}$ blocks) 5 – about 1 $\frac{1}{2}$ blocks
 - 6 About 1 block (500 feet) 7 about $\frac{1}{2}$ block 8 About $\frac{1}{4}$ block (125 feet)
 - 9 less than 100 feet (40 steps) 10 less than 50 feet (20 steps)
16. **How long can you sit before you want to get up** because of back, thigh, leg or foot discomfort?
- 0 over 30 minutes 2 21 - 30 minutes 4 11 – 20 minutes
 - 6 6- 10 minutes 8 3 to 5 minutes 10 less than 3 minutes
17. Overall, when you sit too long, how severe is the level of symptoms in your back, thighs, legs or feet?
- 0 1 2 3 4 5 6 7 8 9 10