

## The Lower Extremity Functional Scale

Patients name \_\_\_\_\_

Date \_\_\_\_\_

We are interested in knowing whether you are having any difficulty at all with the activities listed below **because of your lower limb problem** for which you are currently seeking attention. Please provide an answer for **each** activity.

**Today, do you or would you have any difficulty at all with:**

**(Circle one number on each line)**

Activities	Extreme Difficulty or Unable to Perform Activity	Quite a Bit of Difficult	Moderate Difficulty	A Little Bit of Difficulty	No Difficulty
1 Any of your usual work, housework, or school activities	0	1	2	3	4
2 Your usual hobbies, recreational or sporting activities	0	1	2	3	4
3 Getting into or out of the bath	0	1	2	3	4
4 Walking between rooms	0	1	2	3	4
5 Putting on your shoes or socks	0	1	2	3	4
6 Squatting	0	1	2	3	4
7 Lifting an object, like a bag of groceries from the floor	0	1	2	3	4
8 Performing light activities around your home	0	1	2	3	4
9 Performing heavy activities around your home	0	1	2	3	4
10 Getting into or out of your car	0	1	2	3	4
11 Walking 2 blocks	0	1	2	3	4
12 Walking a mile	0	1	2	3	4
13 Going up or down 10 stairs (about 1 flight of stairs)	0	1	2	3	4
14 Standing for 1 hour	0	1	2	3	4
15 Sitting for 1 hour	0	1	2	3	4
16 Running on even ground	0	1	2	3	4
17 Running on uneven ground	0	1	2	3	4
18 Making sharp turns while running fast	0	1	2	3	4
19 Hopping	0	1	2	3	4
20 Rolling over in bed	0	1	2	3	4

**Column Totals:**

**Minimum Level of Detectable Change (90% Confidence): 9 points**

**SCORE: \_\_\_\_\_ / 80**