

LOWER EXTREMITY FUNCTIONAL SCALE

LAST NAME: _____ FIRST NAME: _____ MI: _____ 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. Today, do you or would you have any difficulty at all with any of the following activities?

Please provide an answer for each activity below as follows: 0 = no difficulty, 1 = a little bit of difficulty, 2 = moderate difficulty, 3 = quite a bit of difficulty, 4 = extreme difficulty or unable to perform activity.

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|--|----------|----------|----------|----------|----------|
| 1. Any of your usual work, household, 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 house | 0 | 1 | 2 | 3 | 4 |
| 10. Getting into or out of a 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 |