



Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Lower Extremity Functional Scale

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 seeking attention. Please provide an answer for each activity.

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

Activities	Extreme Difficulty or Unable to Perform Activity	Quite A Bit of Difficulty	Moderate Difficulty	Slight Difficulty	No Difficulty
a. Any of your usual work, house work, or school activities	1	2	3	4	5
b. Your hobbies, recreational or sporting activities	1	2	3	4	5
c. Getting into or out of the bath	1	2	3	4	5
d. Walking between rooms	1	2	3	4	5
e. Putting on your shoes or socks.	1	2	3	4	5
f. Squatting	1	2	3	4	5
g. Lifting an object, like a bag of groceries from the floor	1	2	3	4	5
h. Performing light activities around your home	1	2	3	4	5
i. Performing heavy activities around your home	1	2	3	4	5
j. Getting into or out of a car	1	2	3	4	5
k. Walking 2 blocks	1	2	3	4	5
l. Walking a mile	1	2	3	4	5
m. Going up or down 10 stairs (about one flight)	1	2	3	4	5
n. Standing for 1 hour	1	2	3	4	5
o. Sitting for one hour	1	2	3	4	5
p. Running on even ground	1	2	3	4	5
q. Running on uneven ground	1	2	3	4	5
r. Making sharp turns while running fast	1	2	3	4	5
s. Hopping	1	2	3	4	5
t. Rolling over in bed	1	2	3	4	5
For Therapist use:					
Column totals:					
Score: /80					