

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 currently seeking attention. Please provide an answer for each activity.

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

	Activities	Extreme Difficulty or Unable to Perform Activity	Quite a bit of Difficulty	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	Rolling over in bed	0	1	2	3	4
5	Walking between rooms	0	1	2	3	4
6	Putting on your shoes or socks	0	1	2	3	4
7	Squatting	0	1	2	3	4
8	Lifting an object like a bag of groceries from the floor	0	1	2	3	4
9	Performing light activities around your home	0	1	2	3	4
10	Performing heavy activities around your home	0	1	2	3	4
11	Getting into or out of a car	0	1	2	3	4
12	Walking 2 blocks	0	1	2	3	4
13	Walking a mile	0	1	2	3	4
14	Going up or down 10 stairs (about 1 flight of stairs)	0	1	2	3	4
15	Standing for 1 hour	0	1	2	3	4
16	Sitting for 1 hour	0	1	2	3	4
17	Running on even ground	0	1	2	3	4
18	Running on uneven ground	0	1	2	3	4
19	Making sharp turns while running fast	0	1	2	3	4
20	Hopping	0	1	2	3	4
	Column Totals					

(_____ Total Points Scored / 80 or _____ Total Points Possible) x 100 = _____ % of Ability