

# THE LOWER EXTREMITY FUNCTIONAL SCALE



NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Please answer EVERY activity by circling a degree of difficulty that best describes your condition today.

<i>Activities</i>	Extreme Difficulty or Unable to Perform Activity	Quite a Bit of Difficulty	Moderate Difficulty	A Little Bit of Difficulty	No Difficulty
Any of your usual work, housework or school activities	0	1	2	3	4
Your usual hobbies, recreational or sporting activities	0	1	2	3	4
Getting into or out of the bath	0	1	2	3	4
Walking between rooms	0	1	2	3	4
Putting on your shoes or socks	0	1	2	3	4
Squatting	0	1	2	3	4
Lifting an object, like a bag of groceries, from the floor	0	1	2	3	4
Performing light activities around your home	0	1	2	3	4
Performing heavy activities around your home	0	1	2	3	4
Getting into or out of a car	0	1	2	3	4
Walking 2 blocks	0	1	2	3	4
Walking a mile	0	1	2	3	4
Going up or down 10 stairs	0	1	2	3	4
Standing for 1 hour	0	1	2	3	4
Sitting for 1 hour	0	1	2	3	4
Running on even ground	0	1	2	3	4
Running on uneven ground	0	1	2	3	4
Making sharp turns while running fast	0	1	2	3	4
Hopping	0	1	2	3	4
Rolling over in bed	0	1	2	3	4

On a scale of 0(no pain)-10(worst possible pain) please rate your pain \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	Totals:				
	Total LEFS Score : _____/80				