**Lower Extremity Functional Scale**

Patient 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:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Activities** | **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. | □ | □ | □ | □ | □ |
| Your usual hobbies, recreational or sporting activities. | □ | □ | □ | □ | □ |
| Getting into or out of the bath. | □ | □ | □ | □ | □ |
| Walking between rooms. | □ | □ | □ | □ | □ |
| Putting on your shoes or socks. | □ | □ | □ | □ | □ |
| Squatting. | □ | □ | □ | □ | □ |
| Lifting an object, like a bag of groceries from the floor. | □ | □ | □ | □ | □ |
| Performing light activities around your home. | □ | □ | □ | □ | □ |
| Performing heavy activities around your home. | □ | □ | □ | □ | □ |
| Getting into or out of a car. | □ | □ | □ | □ | □ |
| Walking 2 blocks. | □ | □ | □ | □ | □ |
| Walking a mile. | □ | □ | □ | □ | □ |
| Going up or down 10 stairs (about 1 flight of stairs). | □ | □ | □ | □ | □ |
| Standing for 1 hour. | □ | □ | □ | □ | □ |
| Sitting for 1 hour. | □ | □ | □ | □ | □ |
| Running on even ground. | □ | □ | □ | □ | □ |
| Running on uneven ground. | □ | □ | □ | □ | □ |
| Making sharp turns while running fast. | □ | □ | □ | □ | □ |
| Hopping. | □ | □ | □ | □ | □ |
| Rolling over in bed. | □ | □ | □ | □ | □ |

**Score:** \_\_\_\_\_\_\_\_/80