

Name: _____

Date: _____

Lower Extremity Functional Scale

This questionnaire will give us information about how your lower extremity condition affects your everyday life. Please rate your ability to do the following activities by circling the appropriate response.

<i>Activities</i>	<i>Extreme Difficulty or Unable to Perform Activity</i>	<i>Quite a Bit of Difficulty</i>	<i>Moderate Difficulty</i>	<i>A Little Bit of Difficulty</i>	<i>No Difficulty</i>
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 (about 1 flight of 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
Column Totals:					

Score: _____