

Lower Extremity Functional Scale

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	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 house.	0	1	2	3	4
Performing heavy activities around your house.	0	1	2	3	4
Getting into or out of your 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 an hour.	0	1	2	3	4
Sitting for an 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: _____/80