

THE LOWER EXTREMITY FUNCTIONAL SCALE

Patient's 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:

		Extreme Difficulty or Unable to Perform	Quite a Bit of Difficulty	Moderate Difficulty	A Little Bit of Difficulty	No Difficulty
	Activities	Activity	Difficulty	Difficulty	Difficulty	
1	Any of your usual work, housework or school actiivities	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	Walking between rooms	0	1	2	3	4
5	Putting on your shoes or socks	0	1	2	3	4
6	Squatting	0	1	2	3	4
7	Lifting an object, like a bag of groceries, from the floor	0	1	2	3	4
8	Performing light activities around your home	0	1	2	3	4
9	Performing heavy activities around your home	0	1	2	3	4
10	Getting into or out of a car	0	1	2	3	4
11	Walking 2 blocks	0	1	2	3	4
12	Walking a mile	0	1	2	3	4
13	Going up or down 10 stairs (about 1 flight of stairs)	0	1	2	3	4
14	Standing for 1 hour	0	1	2	3	4
15	Sitting for 1 hour	0	1	2	3	4
16	Running on even ground	0	1	2	3	4
17	Running on uneven ground	0	1	2	3	4
18	Making sharp turns while running fast	0	1	2	3	4
19	Hopping	0	1	2	3	4
20	Rolling over in bed	0	1	2	3	4
	Column Totals:					

Minimum Level of Detectable Change (90% Confidence): 9	points SCORE:	/80
initiality for the percentaging change (30% contractice).	points score.	, , ,

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