

Lower Extremity Functional Scale

Patient Name: _____ Date: _____

To better serve you we are interested in knowing whether you are having any difficulty with any of the following activities **because of your lower limb** problem which you are currently seeking attention. Please circle an answer for EACH activity:

Today, **do you or would you** have any difficulty with the following:

| Activities | Extreme Difficulty/ Unable to perform | Quite a bit of Difficulty | Moderate Difficulty | A little bit of Difficulty | No difficulty |
|---|--|---------------------------|---------------------|----------------------------|---------------|
| a. Any of your usual work, housework, or schoolwork | 0 | 1 | 2 | 3 | 4 |
| b. Your usual hobbies, recreational or sporting activities. | 0 | 1 | 2 | 3 | 4 |
| c. Getting into or out of the bath. | 0 | 1 | 2 | 3 | 4 |
| d. Walking between rooms. | 0 | 1 | 2 | 3 | 4 |
| e. Putting on your shoes and socks. | 0 | 1 | 2 | 3 | 4 |
| f. Squatting. | 0 | 1 | 2 | 3 | 4 |
| g. Lifting an object, like a bag of groceries from the floor. | 0 | 1 | 2 | 3 | 4 |
| h. Performing light activities around your home. | 0 | 1 | 2 | 3 | 4 |
| i. Performing heavy activities around your home. | 0 | 1 | 2 | 3 | 4 |
| j. Getting into and out of the car. | 0 | 1 | 2 | 3 | 4 |
| k. Walking 2 blocks. | 0 | 1 | 2 | 3 | 4 |
| l. Walking a mile. | 0 | 1 | 2 | 3 | 4 |
| m. Going up or down 10 stairs (about 1 flight of stairs). | 0 | 1 | 2 | 3 | 4 |
| n. Standing for one hour. | 0 | 1 | 2 | 3 | 4 |
| o. Sitting for 1 hour. | 0 | 1 | 2 | 3 | 4 |
| p. Running on even ground. | 0 | 1 | 2 | 3 | 4 |
| q. Running on uneven ground. | 0 | 1 | 2 | 3 | 4 |
| r. Making sharp turns while running faster. | 0 | 1 | 2 | 3 | 4 |
| s. Hopping. | 0 | 1 | 2 | 3 | 4 |
| t. Rolling over in bed. | 0 | 1 | 2 | 3 | 4 |
| Column Totals: | | | | | |

Error (single measure): +/- 5 scale points.

MDC: 9 Scale Points MDIC: 9 Scale Points

Score:

/80