

Patient Name: _____

Age: _____

Gender: _____

Initial _____

Final _____

Points: _____ /80

Date of appointment: _____

Total _____

THE LOWER EXTREMITY FUNCTIONAL SCALE

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 check one box for each activity.

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