

# Lower Extremity Functional Scale

Name		Date			
<p>To learn more about your lower limb issues, we want to know whether you are having difficulties performing the tasks listed below. Please provide an answer for each activity based on how your lower limb feels today.</p>					
Activities	Extremely difficult	Quiet a bit difficult	Moderate difficulty	A little difficult	No difficulty
Any of your usual work in the house or school	0	1	2	3	4
Usual hobbies 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 shoes or socks	0	1	2	3	4
Squatting	0	1	2	3	4
Lifting an object like groceries or a bag	0	1	2	3	4
Doing light activities around the house	0	1	2	3	4
Performing heavy activities around the house	0	1	2	3	4
Getting into 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 and down 10 stairs (about a flight)	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 out of bed	0	1	2	3	4
<b>Total score:</b>					
<p><b>Additional notes:</b></p>					