

NAME: _____

DATE: _____

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 provide an answer for each activity

Today, do you or would you have any difficulty at all with:

		Extreme difficulty or Unable to perform activity	Quite a bit difficulty	Moderate difficulty	A little bit of difficulty	No difficulty
	Activities	0	1	2	3	4
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 1 flight of stairs)					
14.	Standing for 1 hour					
15.	Sitting for 1 hour					
16.	Running on even ground					
17.	Running on uneven ground					
18.	Making sharp turns while running fast					
19.	Hopping					
20.	Rolling over in bed					
	Column Totals					

Minimal level of detectable change (90% confidence) 9 points

SCORE: _____ /80

Binkley et al (1999); *Physical Therapy* 79; 371-383