**THE LOWER EXTREMITY FUNCTIONAL SCALE**

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Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: M F Age:\_\_\_\_\_\_\_\_ 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:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Today, *do you* or *would you* have any difficulty at all with: Activities** | **Extreme difficulty or unable to perform activity** | **Quite a bit of difficulty** | **Moderate difficulty** | **A little bit of difficulty** | **No difficulty** |
| **1. Any of your usual work, housework or school activities.** | **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** |

Minimum Level of Detectable Change (90% Confidence): 9 points Score:­­­\_\_\_\_\_\_\_\_/80 Please submit the sum of responses 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.