

LOWER EXTREMITY FUNCTIONAL SCALE

Name: _____ Date: _____

Today, do you (or would you) have difficulty with any of the following activities because of the lower limb problem for which you are currently seeking attention?

(0 = extreme difficulty or unable to perform activity, 4 = no difficulty)

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| 1. Any of your usual work, household, 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 a 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 |