

Patient's name \_\_\_\_\_  
Date \_\_\_\_\_

## Lower Extremity Functional Scale

Please circle the appropriate response (see key below) regarding your ability to perform the following activities.

**0** = Extreme difficulty or unable to perform

**1** = Quite a bit of difficulty;

**2** = Moderate difficulty

**3** = A little bit of difficulty

**4** = 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 bath tub                            | 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)               | 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 |