Lower Extremity Functional Scale

Patient Name: _____ Date:_____

	Activities	Extremely Difficult or Unable to Perform Activity	Quite a bit of Difficulty	Moderate Difficulty	Little Difficulty	No Difficulty
1	Any of your usual work, or school activities	0	1	2	3	4
2	Your usual hobbies, sporting activities, etc.	0	1	2	3	4
3	Getting in and out of the bath tub	0	1	2	3	4
4	Walking between rooms	0	1	2	3	4
5	Donning or doffing shoes and socks	0	1	2	3	4
6	Squatting	0	1	2	3	4
7	Lifting a bag of groceries off the floor	0	1	2	3	4
8	Performing light chores at home	0	1	2	3	4
9	Performing heavy chores at home	0	1	2	3	4
10	Getting into and out of the 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 and 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 un even 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
Column total						

Total score: ____/80