

Name _____

Date _____

Lower Extremity Functional Scale (LEFS)

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 any of the following listed activities? Please indicate by checking the appropriate box.

Activities	Extreme difficulty or unable	Quite a bit of difficulty	Moderate difficulty	A little bit of difficulty	No difficulty
Any of your usual work, housework, or school activities.					
Your usual hobbies, recreational or sporting activities.					
Getting into or out of the bath.					
Walking between rooms.					
Putting on your shoes or socks.					
Squatting					
Lifting an object, like a bag of groceries from the floor.					
Performing light activities around your home.					
Performing heavy activities around your home.					
Getting into or out of a car.					
Walking 2 blocks.					
Walking a mile.					
Going up or down 10 stairs (about 1 flight of stairs)					
Standing for 1 hour.					
Sitting for 1 hour.					
Running on even ground.					
Running on uneven ground.					
Making sharp turns while running fast.					
Hopping.					
Rolling over in bed					
Column Totals					

0 1 2 3 4

Comments: _____

Patient Signature: _____ LEFI Score: _____ % Max Fx: _____
[LEFI score/80 *100]