

## LOWER EXTREMITY FUNCTIONAL SCALE

**Patient Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

We are interested in knowing whether you are having difficulty at all with the activities listed below because of your lower limb/hip problem for which you are currently seeking attention.

Please provide an answer for each activity.

**Today do you, or would you have difficulty at all with:**

	Extreme Difficulty or Unable to Perform Activity	Quite a bit of Difficulty	Moderate Difficulty	A little bit of Difficulty	No Difficulty
A. Any of your usual work, housework or school activities.	0	1	2	3	4
B. Your usual hobbies, recreation or sporting activities.	0	1	2	3	4
C. Getting into or out of the bath.	0	1	2	3	4
D. Walking between rooms.	0	1	2	3	4
E. Putting on your shoes and socks	0	1	2	3	4
F. Squatting	0	1	2	3	4
G. Lifting an object, like a bag of groceries from the floor.	0	1	2	3	4
H. Performing light activities around your home.	0	1	2	3	4
I. Performing heavy activities around your home.	0	1	2	3	4
J. Getting into or out of car.	0	1	2	3	4
K. Walking 2 blocks.	0	1	2	3	4
L. Walking a mile.	0	1	2	3	4
M. Going up or down 10 stairs (about 1 flight of stairs)	0	1	2	3	4
N. Standing for one hour.	0	1	2	3	4
O. Sitting for one hour.	0	1	2	3	4
P. Running on even ground.	0	1	2	3	4
Q. Running on uneven ground.	0	1	2	3	4
R. Making sharp turns while running fast.	0	1	2	3	4
S. Hopping.	0	1	2	3	4
T. Rolling over in bed.	0	1	2	3	4
<b>COLUMN TOTALS</b>					

**SCORE:** \_\_\_\_\_/80 \_\_\_\_\_%