Lower Extremity Functional Scale (LEFS)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME: DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INSTRUCTIONS:** 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:

**Activities** Extreme difficulty Quite a bit Moderate A little bit No

 Or unable to perform of difficulty of difficulty activity difficulty difficulty

1. Any of your usual work 0 1 2 3 4

housework or school activities.

2. Your usual hobbies, 0 1 2 3 4

recreational or sporting activities

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 and socks. 0 1 2 3 4

6. Squatting. 0 1 2 3 4

7. Lifting an object, like a bag of 0 1 2 3 4

groceries from the floor.

8. Performing light activities 0 1 2 3 4

around your home.

9. Performing heavy activities 0 1 2 3 4

around your home.

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 0 1 2 3 4

(About 1 flight of stairs).

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 0 1 2 3 4

running fast.

19. Hopping. 0 1 2 3 4

20. Rolling over in bed. 0 1 2 3 4

 **Column totals:**