

Client Name: _____

DOB: _____

Chart #: **THE LOWER EXTREMITY FUNCTIONAL SCALE**

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 rate your ability to do the following activities in the last week by circling the number below the response that best describes your ability **today**.

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

Activities	No Difficulty	A Little Bit of Difficulty	Moderate Difficulty	Quite a Bit of Difficulty	Extremely Difficulty or Unable
1 Any of your usual work, housework, or school activities.	0	1	2	3	4
2 Your usual hobbies, re creational or sporting activities.	0	1	2	3	4
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 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 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 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

Date: _____ Signed: _____ Scored by: _____