

Lower Extremity Functional Scale (LEFS)

Patient Name: _____

Patient MRN: _____

Date: _____

Affected Extremity: R L (Circle One)

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:**

1. Any of your usual work, housework, or school activities.

Extreme difficulty or unable to perform activity (+0)
 Quite a bit of difficulty (+1)
 Moderate difficulty (+2)
 A little bit of difficulty (+3)
 No difficulty (+4)

2. Your usual hobbies, recreational or sporting activities.

Extreme difficulty or unable to perform activity (+0)
 Quite a bit of difficulty (+1)
 Moderate difficulty (+2)
 A little bit of difficulty (+3)
 No difficulty (+4)

3. Getting into or out of the bath.

Extreme difficulty or unable to perform activity (+0)
 Quite a bit of difficulty (+1)
 Moderate difficulty (+2)
 A little bit of difficulty (+3)
 No difficulty (+4)

4. Walking between rooms.

Extreme difficulty or unable to perform activity (+0)
 Quite a bit of difficulty (+1)
 Moderate difficulty (+2)
 A little bit of difficulty (+3)
 No difficulty (+4)

5. Putting on your shoes or socks.

Extreme difficulty or unable to perform activity (+0)
 Quite a bit of difficulty (+1)
 Moderate difficulty (+2)
 A little bit of difficulty (+3)
 No difficulty (+4)

6. Squatting.

- Extreme difficulty or unable to perform activity (+0)
 Quite a bit of difficulty (+1)
 Moderate difficulty (+2)
 A little bit of difficulty (+3)
 No difficulty (+4)

7. Lifting an object, like a bag of groceries from the floor.

- Extreme difficulty or unable to perform activity (+0)
 Quite a bit of difficulty (+1)
 Moderate difficulty (+2)
 A little bit of difficulty (+3)
 No difficulty (+4)

8. Performing light activities around your home.

- Extreme difficulty or unable to perform activity (+0)
 Quite a bit of difficulty (+1)
 Moderate difficulty (+2)
 A little bit of difficulty (+3)
 No difficulty (+4)

9. Performing heavy activities around your home.

- Extreme difficulty or unable to perform activity (+0)
 Quite a bit of difficulty (+1)
 Moderate difficulty (+2)
 A little bit of difficulty (+3)
 No difficulty (+4)

10. Getting into or out of a car.

- Extreme difficulty or unable to perform activity (+0)
 Quite a bit of difficulty (+1)
 Moderate difficulty (+2)
 A little bit of difficulty (+3)
 No difficulty (+4)

11. Walking 2 blocks.

- Extreme difficulty or unable to perform activity (+0)
 Quite a bit of difficulty (+1)
 Moderate difficulty (+2)
 A little bit of difficulty (+3)
 No difficulty (+4)

12. Walking a mile.

- Extreme difficulty or unable to perform activity (+0)
 Quite a bit of difficulty (+1)
 Moderate difficulty (+2)
 A little bit of difficulty (+3)
 No difficulty (+4)

13. Going up or down 10 stairs (about 1 flight of stairs).

- Extreme difficulty or unable to perform activity (+0)
 Quite a bit of difficulty (+1)
 Moderate difficulty (+2)
 A little bit of difficulty (+3)
 No difficulty (+4)

14. Standing for 1 hour.

- Extreme difficulty or unable to perform activity (+0)
 Quite a bit of difficulty (+1)
 Moderate difficulty (+2)
 A little bit of difficulty (+3)
 No difficulty (+4)

15. Sitting for 1 hour.

- Extreme difficulty or unable to perform activity (+0)
 Quite a bit of difficulty (+1)
 Moderate difficulty (+2)
 A little bit of difficulty (+3)
 No difficulty (+4)

16. Running on even ground.

- Extreme difficulty or unable to perform activity (+0)
 Quite a bit of difficulty (+1)
 Moderate difficulty (+2)
 A little bit of difficulty (+3)
 No difficulty (+4)

17. Running on uneven ground.

- Extreme difficulty or unable to perform activity (+0)
 Quite a bit of difficulty (+1)
 Moderate difficulty (+2)
 A little bit of difficulty (+3)
 No difficulty (+4)

18. Making sharp turns while running fast.

- Extreme difficulty or unable to perform activity (+0) Quite a bit of difficulty (+1) Moderate difficulty (+2) A little bit of difficulty (+3) No difficulty (+4)

19. Hopping.

- Extreme difficulty or unable to perform activity (+0) Quite a bit of difficulty (+1) Moderate difficulty (+2) A little bit of difficulty (+3) No difficulty (+4)

20. Rolling over in bed.

- Extreme difficulty or unable to perform activity (+0) Quite a bit of difficulty (+1) Moderate difficulty (+2) A little bit of difficulty (+3) No difficulty (+4)