

## 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 provide an answer for **each** activity.

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

|                       | Activities   | Extreme Difficulty<br>or Unable to<br>Perform Activity | Quite a Bit of<br>Difficulty | Moderate<br>Difficulty | A Little Bit of<br>Difficulty | No Difficulty |
|-----------------------|--|--|------------------------------|------------------------|-------------------------------|---------------|
| 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             |
| <b>Column Totals:</b> |  |  |                              |                        |                               |               |

**Minimum Level of Detectable Change (90% Confidence): 9 points      SCORE: \_\_\_\_ / 80 (fill in the blank with the sum of your responses)**

**Source:** Binkley et al (1999): The Lower Extremity Functional Scale (LEFS): Scale development, measurement properties, and clinical application. *Physical Therapy*. 79:371-383.