

### Lower Extremity Function 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.

Circle one of the numbers for each item. Please provide an answer for each activity.

- 0 Unable to perform
- 1 Quite a bit difficult
- 2 Moderate difficulty
- 3 A little bit of difficulty
- 4 No difficulty

“Today, do you or would you have any difficulties at all with”:

a) Any of your usual work, housework or school activities	0	1	2	3	4
b) Your usual hobbies, occupational or sports activities	0	1	2	3	4
c) Rolling over in bed	0	1	2	3	4
d) Getting into or out of bed	0	1	2	3	4
e) Putting on your socks or shoes	0	1	2	3	4
f) Getting into or out of the bath	0	1	2	3	4
g) Squatting	0	1	2	3	4
h) Lifting an object, like a groceries bag from the floor	0	1	2	3	4
i) Performing light activities around your home	0	1	2	3	4
j) Performing heavy activities around your home	0	1	2	3	4
k) Getting into or out of a car	0	1	2	3	4
l) Walking two blocks	0	1	2	3	4
m) Walking one mile	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) Going up or down 10 stairs (about one flight)	0	1	2	3	4
q) Running on even ground	0	1	2	3	4
r) Running on uneven ground	0	1	2	3	4
s) Making sharp turns while running fast	0	1	2	3	4
t) Hopping or jumping	0	1	2	3	4

Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_