

Lower Extremity Functional Scale (LEFS)

Patient Name: _____ Date: _____ Therapist: _____

Today, do you or would you have any difficulty at all with: (Circle the correct answer in each column)

Please just complete your answers and we will finish the math for the score.

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
Any of your usual work, housework or school activities	0	1	2	3	4
Your usual hobbies, recreational or sporting activities	0	1	2	3	4
Getting into or out of the bath	0	1	2	3	4
Walking between rooms	0	1	2	3	4
Putting on your shoes or socks	0	1	2	3	4
Squatting	0	1	2	3	4
Lifting an object, like a bag of groceries from the floor	0	1	2	3	4
Performing light activities around your home	0	1	2	3	4
Performing heavy activities around your home	0	1	2	3	4
Getting into or out of your car	0	1	2	3	4
Walking 2 blocks	0	1	2	3	4
Walking a mile	0	1	2	3	4
Going up or down 10 stairs (about 1 flight of stairs)	0	1	2	3	4
Standing for 1 hour	0	1	2	3	4
Sitting for 1 hour	0	1	2	3	4
Running on even ground	0	1	2	3	4
Running on uneven ground	0	1	2	3	4
making sharp turns while running fast	0	1	2	3	4
Hopping	0	1	2	3	4
Rolling over in bed	0	1	2	3	4
Column totals					
Minimum level of detectable change (90% confidence): 9 points				Score: _____	/80