

Lower Extremity Survey



Name: _____ Date: _____

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 any answer for each activity.

Today, do you or would you have any difficulty at all with the following Activities:	Extreme Difficulty	Severe Difficulty	Moderate Difficulty	Mild Difficulty	No Difficulty
1. Any of your usual work, housework, or school activities.	0	1	2	3	4
2. Your usual hobbies, recreational, or sporting activities.	0	1	2	3	4
3. Getting in or out of the bath.	0	1	2	3	4
4. Walking between rooms.	0	1	2	3	4
5. Putting on your socks or shoes.	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 in 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 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
COLUMN TOTALS :					

Minimum Level of Detectable Change (90% Confidence): 9 points

SCORE: _____ / 80