THE LOWER EXTREMITY FUNCTIONAL SCALE

We are interested in knowing whether you are having any difficulty at all with the activities listed below <u>because of your lower limb</u> 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 or unable to perform activity	Quite a bit of difficulty	Moderate difficulty	A little bit of 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 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	
Col	Column Total Column Total						

Minimum Level of Detectable Change (90% Confidence): 9 points SCORE: _____/ 80