



LOWER EXTREMITY FUNCTIONAL SCALE (LEFS)

Name _____ Date _____

| 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 |

SCORE _____