

**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 an answer for each activity.

	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 and socks	0	1	2	3	4
6	Squatting	0	1	2	3	4
7	Lifting an object from the floor	0	1	2	3	4
8	Performing light activities at home	0	1	2	3	4
9	Performing heavy activities at home	0	1	2	3	4
10	Getting in/out of car	0	1	2	3	4
11	Walking two (2) blocks	0	1	2	3	4
12	Walking a mile	0	1	2	3	4
13	Going up/down one (1) flight of stairs	0	1	2	3	4
14	Standing for one (1) hour	0	1	2	3	4
15	Sitting for one (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
<b>Column Totals:</b>						

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

Score: \_\_\_\_\_/100