

Lower Extremity Functional Scale

Name _____ Date _____ DOI _____ (Key: LEFT/RIGHT)

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 check (✓) an answer for **each** activity.

Today, do you or would you have any difficulty at all with:

	0	1	2	3	4
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, household, or school activities					
2) Your usual hobbies, recreational or sporting activities					
3) Getting into or out of the bath					
4) Walking between rooms					
5) Putting on your shoes or socks					
6) Squatting					
7) Lifting an object, like a bag of groceries from the floor					
8) Performing light activities around your Home					
9) Performing heavy activities around your Home					
10) Getting into or out of a car					
11) Walking 2 blocks					
12) Walking a mile					
13) Going up or down 10 stairs (about 1 flight of stairs)					
14) Standing for 1 hour					
15) Sitting for 1 hour					
16) Running on even ground					
17) Running on uneven ground					
18) Making sharp turns while running fast					
19) Hopping					
20) Rolling over in bed					

Binkley JM, Stratford POW, Lott SA, Riddle DL. The lower extremity functional scale (LEFS): Scale development, measurement properties, and clinical application. Physical Therapy 1999;79:371-383.

Score _____/80

MDC (minimum detectable change) = 9 pts /11%

Error +/- 5 scale points