

## Lower Extremity Functional Scale (LEFS)

Patient Name: \_\_\_\_\_

Patient MRN: \_\_\_\_\_

Date: \_\_\_\_\_

Affected Extremity: R L (Circle One)

### Instructions:

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

1. Any of your usual work, housework, or school activities.

Extreme difficulty or unable to perform activity (+0)     
  Quite a bit of difficulty (+1)     
  Moderate difficulty (+2)     
  A little bit of difficulty (+3)     
  No difficulty (+4)

2. Your usual hobbies, recreational or sporting activities.

Extreme difficulty or unable to perform activity (+0)     
  Quite a bit of difficulty (+1)     
  Moderate difficulty (+2)     
  A little bit of difficulty (+3)     
  No difficulty (+4)

3. Getting into or out of the bath.

Extreme difficulty or unable to perform activity (+0)     
  Quite a bit of difficulty (+1)     
  Moderate difficulty (+2)     
  A little bit of difficulty (+3)     
  No difficulty (+4)

4. Walking between rooms.

Extreme difficulty or unable to perform activity (+0)     
  Quite a bit of difficulty (+1)     
  Moderate difficulty (+2)     
  A little bit of difficulty (+3)     
  No difficulty (+4)

5. Putting on your shoes or socks.

Extreme difficulty or unable to perform activity (+0)     
  Quite a bit of difficulty (+1)     
  Moderate difficulty (+2)     
  A little bit of difficulty (+3)     
  No difficulty (+4)

## 6. Squatting.

- Extreme difficulty or unable to perform activity (+0)       Quite a bit of difficulty (+1)       Moderate difficulty (+2)       A little bit of difficulty (+3)       No difficulty (+4)

## 7. Lifting an object, like a bag of groceries from the floor.

- Extreme difficulty or unable to perform activity (+0)       Quite a bit of difficulty (+1)       Moderate difficulty (+2)       A little bit of difficulty (+3)       No difficulty (+4)

## 8. Performing light activities around your home.

- Extreme difficulty or unable to perform activity (+0)       Quite a bit of difficulty (+1)       Moderate difficulty (+2)       A little bit of difficulty (+3)       No difficulty (+4)

## 9. Performing heavy activities around your home.

- Extreme difficulty or unable to perform activity (+0)       Quite a bit of difficulty (+1)       Moderate difficulty (+2)       A little bit of difficulty (+3)       No difficulty (+4)

## 10. Getting into or out of a car.

- Extreme difficulty or unable to perform activity (+0)       Quite a bit of difficulty (+1)       Moderate difficulty (+2)       A little bit of difficulty (+3)       No difficulty (+4)

## 11. Walking 2 blocks.

- Extreme difficulty or unable to perform activity (+0)       Quite a bit of difficulty (+1)       Moderate difficulty (+2)       A little bit of difficulty (+3)       No difficulty (+4)

## 12. Walking a mile.

- Extreme difficulty or unable to perform activity (+0)
  Quite a bit of difficulty (+1)
  Moderate difficulty (+2)
  A little bit of difficulty (+3)
  No difficulty (+4)

## 13. Going up or down 10 stairs (about 1 flight of stairs).

- Extreme difficulty or unable to perform activity (+0)
  Quite a bit of difficulty (+1)
  Moderate difficulty (+2)
  A little bit of difficulty (+3)
  No difficulty (+4)

## 14. Standing for 1 hour.

- Extreme difficulty or unable to perform activity (+0)
  Quite a bit of difficulty (+1)
  Moderate difficulty (+2)
  A little bit of difficulty (+3)
  No difficulty (+4)

## 15. Sitting for 1 hour.

- Extreme difficulty or unable to perform activity (+0)
  Quite a bit of difficulty (+1)
  Moderate difficulty (+2)
  A little bit of difficulty (+3)
  No difficulty (+4)

## 16. Running on even ground.

- Extreme difficulty or unable to perform activity (+0)
  Quite a bit of difficulty (+1)
  Moderate difficulty (+2)
  A little bit of difficulty (+3)
  No difficulty (+4)

## 17. Running on uneven ground.

- Extreme difficulty or unable to perform activity (+0)
  Quite a bit of difficulty (+1)
  Moderate difficulty (+2)
  A little bit of difficulty (+3)
  No difficulty (+4)

## 18. Making sharp turns while running fast.

- Extreme difficulty or unable to perform activity (+0)       Quite a bit of difficulty (+1)       Moderate difficulty (+2)       A little bit of difficulty (+3)       No difficulty (+4)

## 19. Hopping.

- Extreme difficulty or unable to perform activity (+0)       Quite a bit of difficulty (+1)       Moderate difficulty (+2)       A little bit of difficulty (+3)       No difficulty (+4)

## 20. Rolling over in bed.

- Extreme difficulty or unable to perform activity (+0)       Quite a bit of difficulty (+1)       Moderate difficulty (+2)       A little bit of difficulty (+3)       No difficulty (+4)

**Scoring Instructions:**

Raw Score: Summation of Points

Raw Score: \_\_\_\_\_ Points

Percentage Score:  $\frac{\text{Raw Score}}{\# \text{ Completed Questions}} * 4$

Percentage Score: \_\_\_\_\_ %