



The lower extremity functional scale

LEFS

We are interested to know if 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 with (circle one number for each line)

Activities	Extreme difficulty or unable to perform activity	Quite a bit of difficulty	Moderate difficulty	A little bit of difficulty	No difficulty
A. Any of your usual work, housework or school activities	0	1	2	3	4
B. Your usual hobbies, recreation or sporting activities	0	1	2	3	4
C. Getting into or out of the bath	0	1	2	3	4
D. Walking between rooms	0	1	2	3	4
E. Putting on your shoes or socks	0	1	2	3	4
F. Squatting	0	1	2	3	4
G. Lifting an object, like a bag of groceries off the floor	0	1	2	3	4
H. Performing light activities around your home	0	1	2	3	4
I. Performing heavy activities around your home	0	1	2	3	4
J. Getting in or out of a car	0	1	2	3	4
K. Walking two blocks	0	1	2	3	4
L. Walking a mile	0	1	2	3	4
M. Going up or down 10 stairs (i.e., one flight of stairs)	0	1	2	3	4
N. Standing for one hour	0	1	2	3	4
O. Sitting for one hour	0	1	2	3	4
P. Running on even ground	0	1	2	3	4
Q. Running on uneven ground	0	1	2	3	4
R. Making sharp turns while running fast	0	1	2	3	4
S. Hopping	0	1	2	3	4
T. Rolling over in bed	0	1	2	3	4
Column totals:					

Score: _____ /80

