

Name: _____

Date: _____

Lower Extremity Functional Scale (LEFS)

Instructions: This questionnaire asks about your symptoms as well as your ability to perform certain activities because of your **lower limb problem** for which you are currently seeking attention. Please answer every question based on your condition in the **last week** (*circle the applicable number*). If you did not have the opportunity to perform an activity in the past week, please make your *best estimate* on which response would be the most accurate.

Activities	Extreme difficulty or unable to perform	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

Column Totals:

Total Score: _____ / 80 = _____% physical function

Medicare Patients Only 100%-_____ % function = _____% Impairment
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A **LEFS** score may not be calculated if there is greater than 1 missing item.