

Name _____

Date _____

THE LOWER EXTREMITY FUNCTIONAL SCALE

We are interested in knowing whether you are having any difficulty at all with the activities listed below.
Please provide an answer for **each** activity.

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

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

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

SCORE: ____ / 80

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