

NAME: _____

DATE: _____

LOWER EXTREMITY FUNCTIONAL SCALE

In the boxes below, select the appropriate statements.

Question	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.					
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.					