

Patient Name: _____ Date: _____

Lower Extremity Functional Scale

Please circle the answers below that best apply

Please rate your pain level with activity: NO PAIN= 0 1 2 3 4 5 6 7 8 9 10 = SEVERE PAIN

		Extreme Difficulty or Unable to Perform Activity (Does not do the Activity)	Quite a bit of Difficulty	Moderate Difficulty	A Little Bit of Difficulty	No Difficulty
1. Any of your usual work, housework of 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 of 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	