



Survey of Lower Extremity Function Scale (LEFS)

Dx code: \_\_\_\_\_

Date: \_\_\_\_\_ Visit \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Therapist: \_\_\_\_\_

The Lower Extremity Functional Scale is a questionnaire to determine whether you are having any difficulty with the activities listed below due to the lower limb problem for which you are currently seeking attention. Please provide and answer for each activity.

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

(Please circle one number on each line)

	Extremely Difficulty or Unable to Perform Activity	Quite a Bit of Difficulty	Moderate Difficulty	A Little Bit of Difficulty	No Difficulty
Any of your usual work, housework or school activities	0	1	2	3	4
Your usual hobbies, recreational or sporting activities	0	1	2	3	4
Getting into or out of the bath	0	1	2	3	4
Walking between rooms	0	1	2	3	4
Putting on your shoes or socks	0	1	2	3	4
Squatting	0	1	2	3	4
Lifting an object, like a bag of groceries from the floor	0	1	2	3	4
Performing light activities around your home	0	1	2	3	4
Performing heavy activities around your home	0	1	2	3	4
Getting into or out of a car	0	1	2	3	4
Walking 2 blocks	0	1	2	3	4
Walking a mile	0	1	2	3	4
Going up or down 10 stairs (about 1 flight)	0	1	2	3	4
Standing for 1 hour	0	1	2	3	4
Sitting for 1 hour	0	1	2	3	4
Running on even ground	0	1	2	3	4
Running on uneven ground	0	1	2	3	4
Making sharp turns while running	0	1	2	3	4
Hopping	0	1	2	3	4
Rolling over in bed	0	1	2	3	4
<i>For office use only</i>					
<i>Sum all columns for score ( /out of 80)</i>					

If this is your first visit ignore the below question.

Overall, since you started your treatment, has there been any change in your symptoms in your lower extremity during your daily activities. Please indicate if there has been any change by choosing one of the following options.

Worse	Same (0)	Better
___ Almost the same, hardly any worse at all (-1)		___ Almost the same, hardly any better at all (1)
___ A little worse (-2)		___ A little better (2)
___ Somewhat worse (-3)		___ Somewhat better (3)
___ Moderately worse (-4)		___ Moderately better (4)
___ A good deal worse (-5)		___ A good deal better (5)
___ A great deal worse (-6)		___ A great deal better (6)
___ A very great deal worse (-7)		___ A very great deal better (7)