

### Lower Extremity Function Scale (LEFS)

**Instructions:** We are interested in knowing whether you are having difficulty at all with the activities listed below because of your lower limb problem for which you are currently seeking attention. Please provide an answer for each activity.

Scores:

0 = Extreme difficulty performing activity

1 = Quite a bit of difficulty

3 = A little bit of difficulty

2 = Moderate difficulty

4 = No difficulty

Today do you have any difficulty with the following:

Activity	Date:		
1. Any of your usual work, housework or school activities			
2. Your usual hobbies, recreation or sporting activities			
3. Getting into or out of the bath tub			
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)			
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			
<b>Total</b>			

Please help us to help you by listing 2 to 3 goals that you hope to achieve through therapy here.

---



---



---

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

Date: \_\_\_\_\_