NAME: _____ DATE: _____

LOWER EXTREMITY FUNCTIONAL SCALE

Today, do you or would you have any difficulty at all with these 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
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 your 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 on 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

On the scales below, please circle the number which best represents your pain levels:

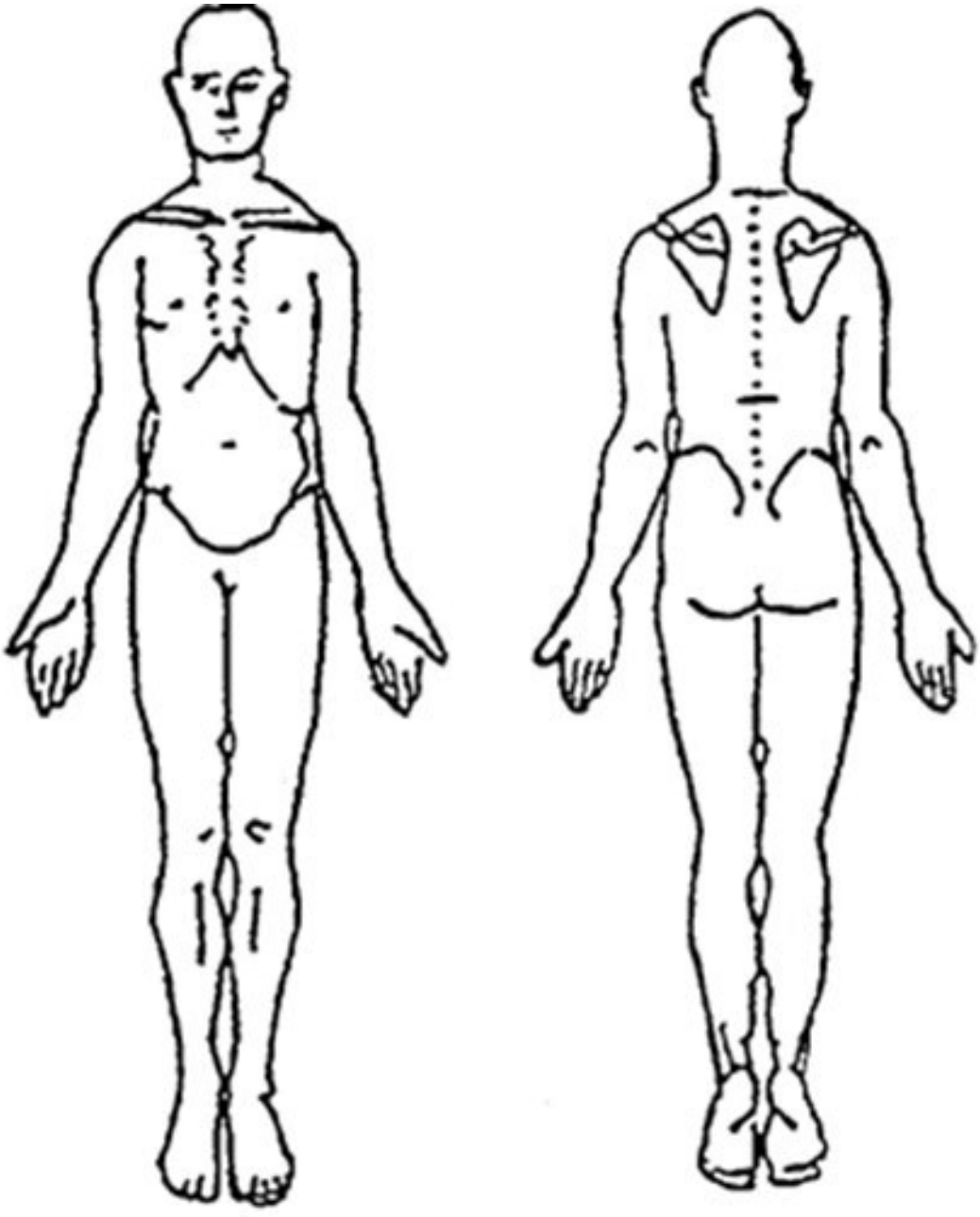
At Worst:

No Pain 0 1 2 3 4 5 6 7 8 9 10 Worst Pain Imaginable

Current:

No Pain 0 1 2 3 4 5 6 7 8 9 10 Worst Pain Imaginable

At Best:

No Pain 0 1 2 3 4 5 6 7 8 9 10 Worst Pain Imaginable

Please mark your present symptoms on the body chart below.