

Lower Extremity Functional Scale (LEFS)



INSTRUCTIONS: Today, do you, or would you have any difficulty at all with these activities?
Please circle the number that best describes your level of activity.

SCORE =

Activities	Unable to perform/ Extreme difficulty	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 or 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 (about 1/16th mile, or 250 meters)	0	1	2	3	4
12. Walking 1 mile (1.6km)	0	1	2	3	4
13. Going up or down 10 steps (1 flight)	0	1	2	3	4
14. Standing for one hour	0	1	2	3	4
15. Sitting for one 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

Therapist signature: _____ **Date:** _____ **Diagnosis:** _____

Circle one: Initial / Re-eval / Discharge

Number of Visits: _____