

Lower Extremity Functional Scale

Name _____ Date ____/____/20____

What is your overall pain level with activity: No Pain — 0 1 2 3 4 5 6 7 8 9 10 — Severe Pain

Rate your ability to perform the following activities.

	Extreme Difficulty/ Unable to Perform	Quit 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 from the floor (ex: a bag of groceries)	0	1	2	3	4
Performing light household activities	0	1	2	3	4
Performing heavy household activities	0	1	2	3	4
Getting into or out of a car	0	1	2	3	4
Walking two blocks	0	1	2	3	4
Walking one mile	0	1	2	3	4
Going up or down 10 stairs (about one flight)	0	1	2	3	4
Standing for one hour	0	1	2	3	4
Sitting for one 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, quick turns	0	1	2	3	4
Hopping	0	1	2	3	4
Rolling over in bed	0	1	2	3	4

Therapist Use Only			
Comorbidities	<input type="checkbox"/> Cancer <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart Condition <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Multiple Treatment Areas	<input type="checkbox"/> Neurological Disorders (e.g. Parkinson's, Muscular Dystrophy, Huntington's, CVA, Alzheimer's, TBI) <input type="checkbox"/> Obesity <input type="checkbox"/> Surgery for this problem <input type="checkbox"/> Systemic Disorders (e.g. Lupus, Rheumatoid Arthritis, Fibromyalgia)	ICD Code: _____