Lower Extremity Functional Scale (LEFS)

Name: _____ Date: _____

We are interested in knowing whether you are having any difficulty at all with activities listed below because of your lower limb problem for which you are currently seeking attention. Please provide an answer for each activity. Today, do you or would you have any difficulty at all with:

1. Any of your usual work, housework, or school activities.

[ ] Extreme Difficulty or Unable to Perform Activity	0
[ ] Quite a Bit of Difficulty	1
[ ] Moderate Difficulty	2
[ ] A Little Bit of Difficulty	3
[ ] No Difficulty	4

2. Your usual hobbies, recreational or sporting activities.

[ ] Extreme Difficulty or Unable to Perform Activity	0
[ ] Quite a Bit of Difficulty	1
[ ] Moderate Difficulty	2
[ ] A Little Bit of Difficulty	3
[ ] No Difficulty	4

3. Getting into or out of the bath.

[ ] Extreme Difficulty or Unable to Perform Activity	0
[ ] Quite a Bit of Difficulty	1
[ ] Moderate Difficulty	2
[ ] A Little Bit of Difficulty	3
[ ] No Difficulty	4

4. Walking between rooms.

[ ] Extreme Difficulty or Unable to Perform Activity	0
[ ] Quite a Bit of Difficulty	1
[ ] Moderate Difficulty	2
[ ] A Little Bit of Difficulty	3
[ ] No Difficulty	4

5. Putting on your shoes or socks.

[ ] Extreme Difficulty or Unable to Perform Activity	0
[ ] Quite a Bit of Difficulty	1
[ ] Moderate Difficulty	2
[ ] A Little Bit of Difficulty	3
[ ] No Difficulty	4

6. Squatting.

[ ] Extreme Difficulty or Unable to Perform Activity	0
[ ] Quite a Bit of Difficulty	1
[ ] Moderate Difficulty	2
[ ] A Little Bit of Difficulty	3
[ ] No Difficulty	4

7. Lifting an object, like a bag of groceries from the floor.

- [ ] Extreme Difficulty or Unable to Perform Activity 0
- [ ] Quite a Bit of Difficulty 1
- [ ] Moderate Difficulty 2
- [ ] A Little Bit of Difficulty 3
- [ ] No Difficulty 4

8. Performing light activities around your home.

- [ ] Extreme Difficulty or Unable to Perform Activity 0
- [ ] Quite a Bit of Difficulty 1
- [ ] Moderate Difficulty 2
- [ ] A Little Bit of Difficulty 3
- [ ] No Difficulty 4

9. Performing heavy activities around your home.

- [ ] Extreme Difficulty or Unable to Perform Activity 0
- [ ] Quite a Bit of Difficulty 1
- [ ] Moderate Difficulty 2
- [ ] A Little Bit of Difficulty 3
- [ ] No Difficulty 4

10. Getting into or out of a car.

- [ ] Extreme Difficulty or Unable to Perform Activity 0
- [ ] Quite a Bit of Difficulty 1
- [ ] Moderate Difficulty 2
- [ ] A Little Bit of Difficulty 3
- [ ] No Difficulty 4

11. Walking 2 blocks.

- [ ] Extreme Difficulty or Unable to Perform Activity 0
- [ ] Quite a Bit of Difficulty 1
- [ ] Moderate Difficulty 2
- [ ] A Little Bit of Difficulty 3
- [ ] No Difficulty 4

12. Walking a mile.

- [ ] Extreme Difficulty or Unable to Perform Activity 0
- [ ] Quite a Bit of Difficulty 1
- [ ] Moderate Difficulty 2
- [ ] A Little Bit of Difficulty 3
- [ ] No Difficulty 4

13. Going up or down 10 stairs (about 1 flight of stairs)

- [ ] Extreme Difficulty or Unable to Perform Activity 0
- [ ] Quite a Bit of Difficulty 1
- [ ] Moderate Difficulty 2
- [ ] A Little Bit of Difficulty 3
- [ ] No Difficulty 4

14. Standing for 1 hour.

[ ] Extreme Difficulty or Unable to Perform Activity 0
[ ] Quite a Bit of Difficulty 1
[ ] Moderate Difficulty 2
[ ] A Little Bit of Difficulty 3
[ ] No Difficulty 4

15. Sitting for 1 hour.

[ ] Extreme Difficulty or Unable to Perform Activity 0
[ ] Quite a Bit of Difficulty 1
[ ] Moderate Difficulty 2
[ ] A Little Bit of Difficulty 3
[ ] No Difficulty 4

16. Running on even ground.

[ ] Extreme Difficulty or Unable to Perform Activity 0
[ ] Quite a Bit of Difficulty 1
[ ] Moderate Difficulty 2
[ ] A Little Bit of Difficulty 3
[ ] No Difficulty 4

17. Running on uneven ground.

[ ] Extreme Difficulty or Unable to Perform Activity 0
[ ] Quite a Bit of Difficulty 1
[ ] Moderate Difficulty 2
[ ] A Little Bit of Difficulty 3
[ ] No Difficulty 4

18. Making sharp turns while running fast.

[ ] Extreme Difficulty or Unable to Perform Activity 0
[ ] Quite a Bit of Difficulty 1
[ ] Moderate Difficulty 2
[ ] A Little Bit of Difficulty 3
[ ] No Difficulty 4

19. Hopping.

[ ] Extreme Difficulty or Unable to Perform Activity 0
[ ] Quite a Bit of Difficulty 1
[ ] Moderate Difficulty 2
[ ] A Little Bit of Difficulty 3
[ ] No Difficulty 4

20. Rolling over in bed.

[ ] Extreme Difficulty or Unable to Perform Activity 0
[ ] Quite a Bit of Difficulty 1
[ ] Moderate Difficulty 2
[ ] A Little Bit of Difficulty 3
[ ] No Difficulty 4

Scoring
Sum of the 20 item scores (each 0 to 4).
LEFS score: _____ / 80

Source: Binkley, J. M., Stratford, P. W., Lott, S. A., & Riddle, D. L. (1999). The Lower Extremity Functional Scale (LEFS): Scale development, measurement properties, and clinical application. Physical Therapy, 79(4), 371-383.
Online calculator and more: physiotutors.com/questionnaires