



The Lower Extremity Functional Scale

Please rate your pain at its worst: 0 1 2 3 4 5 6 7 8 9 10

We are interested in knowing whether you are having any 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. **Today, do you or would you have any difficulty at all with:**

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 a 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. (Walking quickly)	0	1	2	3	4
17. Running on uneven ground. (Walking quickly on grass)	0	1	2	3	4
18. Making sharp turns while running fast. (Turn quickly while walking)	0	1	2	3	4
19. Hopping. (Getting out of SUV or high vehicle)	0	1	2	3	4
20. Rolling over in bed.	0	1	2	3	4
Column Totals:					

Score: ____/80= ____% ability → ____% impairment

Minimal Level of Detectable Change (90% Confidence): 9 points
MCID = 9 points

Source: Binkley et al (1999): The Lower Extremity Functional Scale (LEFS): Scale development, measurement properties, and clinical application. Physical Therapy. 79:371-383.