

PATIENT NAME: _____ DATE: _____

We are interested in knowing whether you are having difficulty at all with the activities listed below because of your lower limb/hip problem for which you are currently seeking attention.

Today do you, or would you have difficulty at all with:

Please provide an answer for each activity.

	Extremely Difficult or Unable to Perform Activity	Quite a Bit of Difficulty	Moderate Difficulty	A Little Bit of Difficulty	No Difficulty
A. Any of your usual work, housework or school activities.	0	1	2	3	4
B. Your usual hobbies, recreation or sporting activities.	0	1	2	3	4
C. Getting into or out of the bath.	0	1	2	3	4
D. Walking between rooms.	0	1	2	3	4
E. Putting on your shoes and socks	0	1	2	3	4
F. Squatting	0	1	2	3	4
G. Lifting an object, like a bag of groceries from the floor.	0	1	2	3	4
H. Performing light activities around your home.	0	1	2	3	4
I. Performing heavy activities around your home.	0	1	2	3	4
J. Getting into or out of car.	0	1	2	3	4
K. Walking 2 blocks.	0	1	2	3	4
L. Walking a mile.	0	1	2	3	4
M. Going up or down 10 stairs (about 1 flight of stairs)	0	1	2	3	4
N. Standing for one hour.	0	1	2	3	4
O. Sitting for one hour.	0	1	2	3	4
P. Running on even ground.	0	1	2	3	4
Q. Running on uneven ground.	0	1	2	3	4
R. Making sharp turns while running fast.	0	1	2	3	4
S. Hopping.	0	1	2	3	4
T. Rolling over in bed.	0	1	2	3	4
COLUMN TOTALS:					

Binkley JM, Stratfor POW, Lott SA, Riddle DL. The lower extremity function scale (LEFS): Scale development, measurement properties, and clinical application. Physical Therapy 1999; 79:371-383

SCORE: _____ / 80 _____ %