Palmetto Rehabilitation Specialists, LLC

## The Lower Extremity Functional Scale

**Patient Name:**_____ **Date:**_____ **Score:**_____ **/80**

This questionnaire will give your provider information about how your LOWER LIMB problem affects your daily life. Please answer every question in regards to the problem for which you are currently seeking treatment. If two or more answers apply, please select the answer than most accurately describes the ability or inability to complete the task the most often.

**If you are a surgical patient, please answer this AFTER the procedure.**

Today, do you OR would you have difficulty with the following tasks:

| Activities | Extreme Difficulty/ Unable to Perform Task | Quite a Bit of Difficulty | Moderate Difficulty | A Little Bit of Difficulty | No Difficulty |
|---|---|---|---|---|---|
| Any of your usual work, housework or school activites | 0 | 1 | 2 | 3 | 4 |
| Your usual hobbies, recreational or sporting activites | 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 socks and shoes | 0 | 1 | 2 | 3 | 4 |
| Squatting | 0 | 1 | 2 | 3 | 4 |
| Lifting an object, like a bag of groceries from the floor | 0 | 1 | 2 | 3 | 4 |
| Performing light activites around the home | 0 | 1 | 2 | 3 | 4 |
| Performing heavy activies around the home | 0 | 1 | 2 | 3 | 4 |
| Getting into or out of the car | 0 | 1 | 2 | 3 | 4 |
| Walking 2 blocks | 0 | 1 | 2 | 3 | 4 |
| Walking a mile | 0 | 1 | 2 | 3 | 4 |
| Going up or down 10 stairs (about 1 flight) | 0 | 1 | 2 | 3 | 4 |
| Standing for 1 hour | 0 | 1 | 2 | 3 | 4 |
| Sitting for 1 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 turns while running fast | 0 | 1 | 2 | 3 | 4 |
| Hopping | 0 | 1 | 2 | 3 | 4 |
| Rolling over in bed | 0 | 1 | 2 | 3 | 4 |
| **Column Totals** | | | | | |