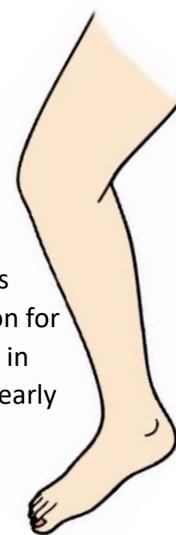


Name _____ Date _____ DOB _____



Lower Extremity Functional Scale (LEFS)

Purpose: We are interested in knowing whether you are having any difficulty at all with the activities listed below because of your lower limb problem. Please answer by checking ONE box in each section for the statement which best applies to you. We realize you may consider that two or more statements in any one section apply but please just shade out the spot that indicates the statement which most clearly describes your problem.

Did you have surgery for this issue prior to receiving therapy?

- Yes
- No

Pain Score: Over the past 24 hours, how bad has your pain been? (circle one)

No Pain 0 1 2 3 4 5 6 7 8 9 10 Worst Imaginable Pain

<p>1. Any of your usual work, housework, or school activities</p> <ul style="list-style-type: none"><input type="radio"/> Extreme difficulty/unable to perform activity<input type="radio"/> Quite a bit of difficulty<input type="radio"/> Moderate difficulty<input type="radio"/> A little bit of difficulty<input type="radio"/> No difficulty <p>2. Your usual hobbies, recreational or sporting activities</p> <ul style="list-style-type: none"><input type="radio"/> Extreme difficulty/unable to perform activity<input type="radio"/> Quite a bit of difficulty<input type="radio"/> Moderate difficulty<input type="radio"/> A little bit of difficulty<input type="radio"/> No difficulty <p>3. Getting into or out of the bath</p> <ul style="list-style-type: none"><input type="radio"/> Extreme difficulty/unable to perform activity<input type="radio"/> Quite a bit of difficulty<input type="radio"/> Moderate difficulty<input type="radio"/> A little bit of difficulty<input type="radio"/> No difficulty <p>4. Walking between rooms</p> <ul style="list-style-type: none"><input type="radio"/> Extreme difficulty/unable to perform activity<input type="radio"/> Quite a bit of difficulty<input type="radio"/> Moderate difficulty<input type="radio"/> A little bit of difficulty<input type="radio"/> No difficulty	<p>5. Putting on your shoes or socks</p> <ul style="list-style-type: none"><input type="radio"/> Extreme difficulty/unable to perform activity<input type="radio"/> Quite a bit of difficulty<input type="radio"/> Moderate difficulty<input type="radio"/> A little bit of difficulty<input type="radio"/> No difficulty <p>6. Squatting</p> <ul style="list-style-type: none"><input type="radio"/> Extreme difficulty/unable to perform activity<input type="radio"/> Quite a bit of difficulty<input type="radio"/> Moderate difficulty<input type="radio"/> A little bit of difficulty<input type="radio"/> No difficulty <p>7. Lifting an object, like a bag of groceries from the floor</p> <ul style="list-style-type: none"><input type="radio"/> Extreme difficulty/unable to perform activity<input type="radio"/> Quite a bit of difficulty<input type="radio"/> Moderate difficulty<input type="radio"/> A little bit of difficulty<input type="radio"/> No difficulty <p>8. Performing light activities around your home</p> <ul style="list-style-type: none"><input type="radio"/> Extreme difficulty/unable to perform activity<input type="radio"/> Quite a bit of difficulty<input type="radio"/> Moderate difficulty<input type="radio"/> A little bit of difficulty<input type="radio"/> No difficulty
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Turn Over

Name _____ Date _____ DOB _____

<p>9. Performing heavy activities around your home</p> <p><input type="radio"/> Extreme difficulty/unable to perform activity</p> <p><input type="radio"/> Quite a bit of difficulty</p> <p><input type="radio"/> Moderate difficulty</p> <p><input type="radio"/> A little bit of difficulty</p> <p><input type="radio"/> No difficulty</p>	<p>15. Sitting for 1 hour</p> <p><input type="radio"/> Extreme difficulty/unable to perform activity</p> <p><input type="radio"/> Quite a bit of difficulty</p> <p><input type="radio"/> Moderate difficulty</p> <p><input type="radio"/> A little bit of difficulty</p> <p><input type="radio"/> No difficulty</p>
<p>10. Getting into or out of a car</p> <p><input type="radio"/> Extreme difficulty/unable to perform activity</p> <p><input type="radio"/> Quite a bit of difficulty</p> <p><input type="radio"/> Moderate difficulty</p> <p><input type="radio"/> A little bit of difficulty</p> <p><input type="radio"/> No difficulty</p>	<p>16. Running on even ground</p> <p><input type="radio"/> Extreme difficulty/unable to perform activity</p> <p><input type="radio"/> Quite a bit of difficulty</p> <p><input type="radio"/> Moderate difficulty</p> <p><input type="radio"/> A little bit of difficulty</p> <p><input type="radio"/> No difficulty</p>
<p>11. Walking 2 blocks</p> <p><input type="radio"/> Extreme difficulty/unable to perform activity</p> <p><input type="radio"/> Quite a bit of difficulty</p> <p><input type="radio"/> Moderate difficulty</p> <p><input type="radio"/> A little bit of difficulty</p> <p><input type="radio"/> No difficulty</p>	<p>17. Running on Uneven ground</p> <p><input type="radio"/> Extreme difficulty/unable to perform activity</p> <p><input type="radio"/> Quite a bit of difficulty</p> <p><input type="radio"/> Moderate difficulty</p> <p><input type="radio"/> A little bit of difficulty</p> <p><input type="radio"/> No difficulty</p>
<p>12. Walking a mile</p> <p><input type="radio"/> Extreme difficulty/unable to perform activity</p> <p><input type="radio"/> Quite a bit of difficulty</p> <p><input type="radio"/> Moderate difficulty</p> <p><input type="radio"/> A little bit of difficulty</p> <p><input type="radio"/> No difficulty</p>	<p>18. Making sharp turns while running fast</p> <p><input type="radio"/> Extreme difficulty/unable to perform activity</p> <p><input type="radio"/> Quite a bit of difficulty</p> <p><input type="radio"/> Moderate difficulty</p> <p><input type="radio"/> A little bit of difficulty</p> <p><input type="radio"/> No difficulty</p>
<p>13. Going up or down 10 stairs (about 1 flight of stairs)</p> <p><input type="radio"/> Extreme difficulty/unable to perform activity</p> <p><input type="radio"/> Quite a bit of difficulty</p> <p><input type="radio"/> Moderate difficulty</p> <p><input type="radio"/> A little bit of difficulty</p> <p><input type="radio"/> No difficulty</p>	<p>19. Hopping</p> <p><input type="radio"/> Extreme difficulty/unable to perform activity</p> <p><input type="radio"/> Quite a bit of difficulty</p> <p><input type="radio"/> Moderate difficulty</p> <p><input type="radio"/> A little bit of difficulty</p> <p><input type="radio"/> No difficulty</p>
<p>14. Standing for 1 hour</p> <p><input type="radio"/> Extreme difficulty/unable to perform activity</p> <p><input type="radio"/> Quite a bit of difficulty</p> <p><input type="radio"/> Moderate difficulty</p> <p><input type="radio"/> A little bit of difficulty</p> <p><input type="radio"/> No difficulty</p>	<p>20. Rolling over in bed</p> <p><input type="radio"/> Extreme difficulty/unable to perform activity</p> <p><input type="radio"/> Quite a bit of difficulty</p> <p><input type="radio"/> Moderate difficulty</p> <p><input type="radio"/> A little bit of difficulty</p> <p><input type="radio"/> No difficulty</p>