

THE LOWER EXTREMITY FUNCTIONAL SCALE (LEFS)

Name: _____

Date: _____

(Circle one number on each line)

	Activities	Unable	Major Difficulty	Moderate Difficulty	Minor 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 bath or shower	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)	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	0	1	2	3	4
17	Driving	0	1	2	3	4
18	Sweeping or vacuuming or raking	0	1	2	3	4
19	Sleeping	0	1	2	3	4
20	Rolling over in bed	0	1	2	3	4
	Column Totals					

SCORE: ____/80