

NAME _____

DATE _____

THE LOWER EXTREMITY FUNCTIONAL SCALE

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:

Activites	Extreme Difficulty or Unable to Perform Activity	Quite a bit Of Difficulty	Moderate Difficulty	A Little Bit Of Difficulty	No Difficulty
1	0	1	2	3	4
2	0	1	2	3	4
3	0	1	2	3	4
4	0	1	2	3	4
5	0	1	2	3	4
6	0	1	2	3	4
7	0	1	2	3	4
8	0	1	2	3	4
9	0	1	2	3	4
10	0	1	2	3	4
11	0	1	2	3	4
12	0	1	2	3	4
13	0	1	2	3	4
14	0	1	2	3	4
15	0	1	2	3	4
16	0	1	2	3	4
17	0	1	2	3	4
18	0	1	2	3	4
19	0	1	2	3	4
20	0	1	2	3	4
Column Totals:					

Minimum Level of Detectable Change (90% Confidence): 9 points

SCORE: _____ / 80

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