Lower Extremity Functional Scale (LEFS) for the Initial Visit

Patient Name _____ Date: _____

Frederick Sport & Spine

This survey is meant to help us obtain information from our patients regarding their current levels of discomfort and capability. Please circle the answers that best apply.

Please rate your pain level with activity: (*NO PAIN)* 0 1 2 3 4 5 6 7 8 9 10 (*VERY SEVERE PAIN!)*

Score _____/80

	Extreme difficulty or unable to perform activity.	Quite a bit of Difficulty.	Moderate Difficulty.	A little bit of 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 the bath.	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 two blocks.	0	1	2	3	4
12. Walking a mile.	0	1	2	3	4
13. Going up or down 10 stairs (about one flight).	0	1	2	3	4
14. Standing for one hour.	0	1	2	3	4
15. Sitting for one hour.	0	1	2	3	4
16. Running on even ground.	0	1	2	3	4
17. Running on uneven ground.	0	1	2	3	4
18. Making sharp turns while running fast.	0	1	2	3	4
19. Hopping	0	1	2	3	4
20. Rolling over in bed.	0	1	2	3	4