Reavis Rehab & Wellness Center

Lower Extremity Functional Scale (LEFS)

Patient Name:_____ Date:_____ Therapist:_____

Today, **do you** or **would you** have any difficulty at all with: (Circle the correct answer in each column)

Activities	Extreme Difficulty or unable to perform activity	Quite a bit of difficulty	Moderate Difficulty	A little bit of difficulty	No difficulty
Any of your usual work, housework or school activities	0	1	2	3	4
Your usual hobbies, recreational or sporting activities	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 your shoes or socks	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 activities around your home	0	1	2	3	4
Performing heavy activities around your home	0	1	2	3	4
Getting into or out of your 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 of stairs)	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					
Minimum level of detectable change (90% confidence): 9 points				Score:	/80