



# The Hetrick Center

## 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:

|    | <b>Activities</b>   | Extreme Difficulty<br>or Unable to<br>Perform Activity | Quite a Bit of<br>Difficulty | Moderate<br>Difficulty | A Little Bit of<br>Difficulty | No Difficulty |
|----|---|--|------------------------------|------------------------|-------------------------------|---------------|
| 1  | Any of your usual work, housework, or school activities   |  |                              |                        |                               |               |
| 2  | Your usual hobbies, recreational or sporting activities   |  |                              |                        |                               |               |
| 3  | Getting into or out of the bath                           |  |                              |                        |                               |               |
| 4  | Walking between rooms                                     |  |                              |                        |                               |               |
| 5  | Putting on your shoes or socks                            |  |                              |                        |                               |               |
| 6  | Squatting   |  |                              |                        |                               |               |
| 7  | Lifting an object, like a bag of groceries from the floor |  |                              |                        |                               |               |
| 8  | Performing light activities around your home              |  |                              |                        |                               |               |
| 9  | Performing heavy activities around your home              |  |                              |                        |                               |               |
| 10 | Getting into or out of a car                              |  |                              |                        |                               |               |
| 11 | Walking 2 blocks  |  |                              |                        |                               |               |
| 12 | Walking a mile  |  |                              |                        |                               |               |
| 13 | Going up or down 10 stairs (about 1 flight of stairs)     |  |                              |                        |                               |               |
| 14 | Standing for 1 hour                                       |  |                              |                        |                               |               |
| 15 | Sitting for 1 hour  |  |                              |                        |                               |               |
| 16 | Running on even ground                                    |  |                              |                        |                               |               |
| 17 | Running on uneven ground                                  |  |                              |                        |                               |               |
| 18 | Making sharp turns while running fast                     |  |                              |                        |                               |               |
| 19 | Hopping   |  |                              |                        |                               |               |
| 20 | Rolling over in bed                                       |  |                              |                        |                               |               |

### Column Totals

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

**Minimum Level of Detectable Change (90% Confidence): 9 points SCORE: \_\_\_\_\_/80**