

Name: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**THE LOWER EXTREMITY FUNCTIONAL INDEX (LEFI)**

We are interested in knowing whether you are having any difficulty at all with the activities listed below **because of your LOWER limb pain** 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:

(Circle one number on each line)

	Activities	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, re creational 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 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 of stairs).	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 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
	<b>Column Totals:</b>					

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

(Office Use) SCORE: \_\_\_\_/80

Source: Binkley et al (1999): The Lower Extremity Functional Scale (LEFS): Scale Development, Measurement Properties, and Clinical Application, *Physical Therapy*, 79:4 1999, Pages 371–383