



**Lower Extremity
Functional Scale**

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Total: _____/80

We are interested in knowing whether you are having any difficulty with activities below because of your leg problem for which you are currently here. Provide an answer for each activity.

Today, do you or would you have any difficulty with the following?
 (Circle one number on each line, a blank response will be counted as a zero)

ACTIVITIES:	Extreme Difficulty Or Unable to Perform	Quite a Bit of Difficulty	Moderate Difficulty	A Little Bit of Difficulty	No Difficulty
A. Any of your usual work, household, or school activities.	0	1	2	3	4
B. Your usual hobbies, recreational or sporting activities.	0	1	2	3	4
C. Getting into and out of the bath.	0	1	2	3	4
D. Walking between rooms.	0	1	2	3	4
E. Putting on your shoes or socks.	0	1	2	3	4
F. Squatting.	0	1	2	3	4
G. Lifting an object, like a bag of groceries from the floor.	0	1	2	3	4
H. Performing light activities around your home.	0	1	2	3	4
I. Performing heavy activities around your home.	0	1	2	3	4
J. Getting out of the ar.	0	1	2	3	4
K. Walking 2 blocks.	0	1	2	3	4
L. Walking a mile.	0	1	2	3	4
M. Going up or down 10 stairs (about one flight.)	0	1	2	3	4
N. Standing for one hour.	0	1	2	3	4
O. Sitting for one hour.	0	1	2	3	4
P. Running on even ground.	0	1	2	3	4
Q. Running on uneven ground.	0	1	2	3	4
R. Making a sharp turn while running fast.	0	1	2	3	4
S. Hopping.	0	1	2	3	4
T. Rolling over in bed.	0	1	2	3	4