

Back and Lower Extremity Functional Scale

We are interested in knowing whether you are having difficulty at all with the activities listed below because of your back and/or lower limb problem for which you are currently seeking attention.

Please circle one number for **each** activity.

Patient Name _____

I.D. _____

Today, do you or would you have any difficulty at all with:

(Circle one number on each line)

Patient Primary Goals - check box	Activities	Extreme Difficulty or Unable to Perform Activity	Quite a Bit of Difficulty	Moderate Difficulty	Slight Difficulty	No Difficulty	Re-Eval Date:	Re-Eval Date:	Re-Eval / Final Eval Date:
	1. Rolling over in bed.	0	1	2	3	4			
	2. Getting into or out of the bath.	0	1	2	3	4			
	3. Putting on your shoes or socks.	0	1	2	3	4			
	4. Sitting.	0	1	2	3	4			
	5. Sit to stand.	0	1	2	3	4			
	6. Driving (all aspects of driving)	0	1	2	3	4			
	7. Getting into or out of a car.	0	1	2	3	4			
	8. Standing.	0	1	2	3	4			
	9. Walking short distances.	0	1	2	3	4			
	10. Walking long distances.	0	1	2	3	4			
	11. Walking on uneven ground.	0	1	2	3	4			
	12. Going up or down 10 stairs. (about 1 flight of stairs)	0	1	2	3	4			
	13. Performing light activities around your home. (beds, dishes, dusting, etc.).	0	1	2	3	4			
	14. Performing heavy activities around your home. (vacuuming, lawn, garden, etc.).	0	1	2	3	4			
	15. Bending to reach object below waist.	0	1	2	3	4			
	16. Squatting.	0	1	2	3	4			
	17. Kneeling, crawling, get up / down from floor.	0	1	2	3	4			
	18. Lifting an object.	0	1	2	3	4			
	19. Work activities.	0	1	2	3	4			
	20. Your usual hobbies, recreational or sporting activities.	0	1	2	3	4			
		Extreme	Quite a bit	Moderate	Slight	None			
	21. Sleeping affected by pain in back, leg, or foot.	0	1	2	3	4			
	22. Back, leg, or foot pain at rest.	0	1	2	3	4			
	23. Back, leg or foot pain with activity.	0	1	2	3	4			
	24. Numbness / Tingling (pins & needles) in back, leg or foot.	0	1	2	3	4			
	25. A sense of weakness in your back, leg or foot.	0	1	2	3	4			
						Score:			

Therapist's signature _____