Date: ☐☐ / ☐☐ / ☐☐☐☐

Patient Age: ☐☐

○ First Visit ○ Intermediate Visit ○ Last Visit

Patient Label Must Be Placed Neatly Inside This Box to Scan

SCOTTSDALE HEALTHCARE®

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:	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, recreational 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
Column Totals:	_____	_____	_____	_____	_____

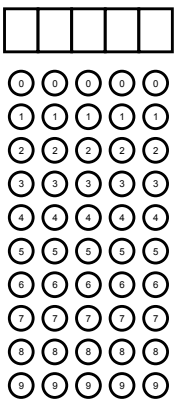
Minimum Level of Detectable Change (90% Confidence): 9 points SCORE: _____/ 80

34080

(Continued on Other side)

For Therapist Use ONLY

Employee ID



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ICD-9 Code