

PINNACLE THERAPY AND WELLNESS CENTER

4110 Manatee Avenue West, Bradenton, FL 34205

Phone 941-748-8383 Fax 941-748-8484

Lower Extremity Functional Scale (LEFS)

Name _____ Date _____

Instructions: 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:

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, 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:	0	1	2	3	4

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VISUAL ANALOG SCALE

Please place a mark on each line below to indicate how bad you feel your pain today, at best and at worst.

Pain Now




Pain at Best

Pain Worst

WORST PAIN

WORST PAIN

WORST PAIN

A vertical line representing a pain scale for 'Pain Now'. It starts at a horizontal line at the top labeled 'WORST PAIN' and ends at a horizontal line at the bottom labeled 'NO PAIN AT ALL'.A vertical line representing a pain scale for 'Pain at Best'. It starts at a horizontal line at the top labeled 'WORST PAIN' and ends at a horizontal line at the bottom labeled 'NO PAIN AT ALL'.A vertical line representing a pain scale for 'Pain Worst'. It starts at a horizontal line at the top labeled 'WORST PAIN' and ends at a horizontal line at the bottom labeled 'NO PAIN AT ALL'.

NO PAIN AT ALL

NO PAIN AT ALL

NO PAIN AT ALL

Patient Name _____ Date _____