

THE LOWER EXTREMITY FUNCTIONAL SCALE

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NAME: _____ FILE: _____ DATE: ____/____/____

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.

Activities	Extreme Difficulty / Unable to Perform Activity	Quite a Bit of Difficulty	Moderate Difficulty	A Little Bit of Difficulty	No Difficulty
Any of your usual work, housework, or school activities	4	3	2	1	0
Your usual hobbies, recreational or sporting activities	4	3	2	1	0
Getting into or out of the bath	4	3	2	1	0
Walking between rooms	4	3	2	1	0
Putting on your shoes or socks	4	3	2	1	0
Squatting	4	3	2	1	0
Lifting an object, like a bag of groceries	4	3	2	1	0
Performing light activities around your home	4	3	2	1	0
Performing heavy activities around your home	4	3	2	1	0
Getting into or out of a car	4	3	2	1	0
Walking 2 blocks	4	3	2	1	0
Walking a mile	4	3	2	1	0
Going up or down 1 flight of stairs	4	3	2	1	0
Standing for 1 hour	4	3	2	1	0
Sitting for 1 hour	4	3	2	1	0
Running on even ground	4	3	2	1	0
Running on uneven ground	4	3	2	1	0
Making sharp turns while running fast	4	3	2	1	0
Hopping	4	3	2	1	0
Rolling over in bed	4	3	2	1	0
Column Totals:					

Minimum Level of Detectable Change (90% Confidence): 9 points
Please submit the sum of responses.

SCORE: _____/80 = Percentage: _____%