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 check $(\sqrt{})$ an answer for **each** activity.

Today, do you or would you have any difficulty at all with: Extreme Difficulty Or Unable Quite a A Little Bit of to Perform Moderate Bit of No **Activities Activity** Difficulty Difficulty Difficulty **Difficulty** Any of your usual work, household, or school activities Your usual hobbies, recreational or sporting activities Getting into or out of the bath Walking between rooms Putting on your shoes or socks Squatting Lifting an object, like a bag of groceries from the floor Performing light activities around your Home Performing heavy activities around your Home Getting into or out of a car Walking 2 blocks Walking a mile Going up or down 10 stairs (about 1 flight of stairs) Standing for 1 hour Sitting for 1 hour Running on even ground Running on uneven ground Making sharp turns while running fast