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Date: \_\_\_\_\_

Name: \_\_\_\_\_

## Lower Extremity Functional Index

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:**

*(Circle one number on each line)*

Activities Extreme	Difficulty or 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.	0	1	2	3	4
Your usual hobbies, recreational or sporting activities	0	1	2	3	4
Getting into or out of the bath.	0	1	2	3	4
Walking between rooms.	0	1	2	3	4
Putting on your shoes or socks.	0	1	2	3	4
Squatting.	0	1	2	3	4
Lifting an object, like a bag of groceries from the floor.	0	1	2	3	4
Performing light activities around your home.	0	1	2	3	4
Performing heavy activities around your home.	0	1	2	3	4
Getting into or out of a car.	0	1	2	3	4
Walking 2 blocks.	0	1	2	3	4
Walking a mile.	0	1	2	3	4
Going up or down 10 stairs (about 1 flight of stairs).	0	1	2	3	4
Standing for 1 hour.	0	1	2	3	4
Sitting for 1 hour.	0	1	2	3	4
Running on even ground.	0	1	2	3	4
Running on uneven ground.	0	1	2	3	4
Making sharp turns while running fast.	0	1	2	3	4
Hopping.	0	1	2	3	4
Rolling over in bed.	0	1	2	3	4
<b>COLUMN TOTALS</b>					

Score \_\_\_\_\_/80