** LEFS – INITIAL VISIT**

**PATIENT NAME: DATE:**

**Description**: This survey is meant to help us obtain information from our patients regarding their current levels of discomfort and capability. **Please circle the answers below that best apply.**

**Please rate your pain level with activity:** NO PAIN = 0 1 2 3 4 5 6 7 8 9 10 = VERY SEVERE PAIN

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|  | 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 |

Source: Binkley et al (1999): The Lower Extremity Functional Scale (LEFS): Scale development, measurement properties, and clinical application. Physical Therapy. 79:371-383.

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| **Therapist Use Only** | | | |
| Comorbidities: | * Cancer | * Neurological Disorders (e.g., Parkinson's, Muscular Dystrophy, Huntington's, CVA, Alzheimer’s, TBI) | |
|  | * Diabetes * Heart Condition * High Blood Pressure * Multiple Treatment Areas | * Obesity * Surgery for this Problem * Systemic Disorders (e.g., Lupus, Rheumatoid Arthritis, Fibromyalgia) | ICD Code  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |