

PATIENT NAME: \_\_\_\_\_ ID#: \_\_\_\_\_ DATE: \_\_\_\_\_

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

**LEFS – INITIAL VISIT**

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

	0	1	2	3	4	5	6	7	8	9	10
	Extreme Difficulty or Unable to Perform Activity		Quite a Bit of Difficulty		Moderate Difficulty		A Little Bit of Difficulty				
1. Any of your usual work, housework or school activities	0			1				2			3
2. Your usual hobbies, recreational or sporting activities	0			1				2			3
3. Getting into or out of the bath	0			1				2			3
4. Walking between rooms	0			1				2			3
5. Putting on your shoes or socks	0			1				2			3
6. Squatting	0			1				2			3
7. Lifting an object, like a bag of groceries from the floor	0			1				2			3
8. Performing light activities around your home	0			1				2			3
9. Performing heavy activities around your home	0			1				2			3
10. Getting into or out of a car	0			1				2			3
11. Walking 2 blocks	0			1				2			3
12. Walking a mile	0			1				2			3
13. Going up or down 10 stairs (about 1 flight of stairs)	0			1				2			3
14. Standing for 1 hour	0			1				2			3
15. Sitting for 1 hour	0			1				2			3
16. Running on even ground	0			1				2			3
17. Running on uneven ground	0			1				2			3
18. Making sharp turns while running fast	0			1				2			3
19. Hopping	0			1				2			3
20. Rolling over in bed	0			1				2			3

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