



Date: \_\_\_\_\_  
MM / DD / YYYY

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 to **each activity**.

Today, **do you** or **would you** have difficulty with:

Activities	<i>Circle one number on each line</i>				
	Extreme Difficulty or Unable to Perform Activity	Quite a bit of Difficulty	Moderate Difficulty	A Little Bit of Difficulty	No Difficulty
a. Any of your usual work, housework, or school activities	0	1	2	3	4
b. Your usual hobbies, recreational or sporting activities	0	1	2	3	4
c. Getting in and out of the bath	0	1	2	3	4
d. Walking between rooms	0	1	2	3	4
e. Putting on your shoes and socks	0	1	2	3	4
f. Squatting	0	1	2	3	4
g. Lifting an object like a bag of groceries from the floor	0	1	2	3	4
h. Performing light activities around your home	0	1	2	3	4
i. Performing heavy activities around your home	0	1	2	3	4
j. Getting in or out of a car	0	1	2	3	4
k. Walking two blocks	0	1	2	3	4
l. Walking a mile	0	1	2	3	4
m. Going up or down 10 stairs (about one flight of stairs)	0	1	2	3	4
n. Cleaning	0	1	2	3	4
o. Sitting for one hour	0	1	2	3	4
p. Running on even ground	0	1	2	3	4
q. Running on uneven ground	0	1	2	3	4
r. Making sharp turns while running	0	1	2	3	4
s. Hopping	0	1	2	3	4
t. Rolling over in bed	0	1	2	3	4
<b>Column Totals</b>					

Score: \_\_\_\_\_ / \_\_\_\_\_ = \_\_\_\_\_

% Score: \_\_\_\_\_ / \_\_\_\_\_ = \_\_\_\_\_ %

