SCHWARTZ PHYSICAL THERAPY

PATIENT NAME: (Last, First, MI):_____ **ID:**_____ **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

LEGS—INITIAL VISIT

PLEASE RATE (CIRCLE) YOUR PAIN LEVEL WITH ACTIVITY AS INDICATED:

	EXTREME DIFFICULTY OR UNABLE TO PERFORM ACTIVITY	QUITE A BIT OF DIFFICULTY	MODERATE DIFFICULTY	A LITTLE BIT OF DIFFICULTY	NO DIFFICULTY
01. Any of your usual work, housework, or school activities	0	1	2	3	4
02. Your usual hobbies, recreational, or sporting activities.	0	1	2	3	4
03. Getting into or out of the bath.	0	1	2	3	4
04. Walking between rooms.	0	1	2	3	4
05. Putting on your shoes or socks.	0	1	2	3	4
06. Squatting	0	1	2	3	4
07. Lifting an object, like a bag of groceries from the floor.	0	1	2	3	4
08. Performing light activities around your home.	0	1	2	3	4
09. Performing heavy activities around your home.	0	1	2	3	4
10. Getting in and out of your car.	0	1	2	3	4
11. Walking two blocks.	0	1	2	3	4
12. Walking a mile.	0	1	2	3	4
13. Going up or down 10 stairs (about a flight of stairs).	0	1	2	3	4
14. Standing for one hour.	0	1	2	3	4
15. Sitting for one 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.

THERAPIST USE ONLY

Comorbidities:
- ☐ Cancer
- ☐ Diabetes
- ☐ Heart Condition
- ☐ High Blood Pressure
- ☐ Multiple Treatment Areas
- ☐ Neurological Disorders (e.g., Parkinson's, Muscular Dystrophy, Huntington's, CVA, Alzheimer's, TBI)
- ☐ Obesity
- ☐ Surgery for this Problem
- ☐ Systemic Disorders (e.g., Lupus, Rheumatoid Arthritis, Fibromyalgia)

ICD CODE