

Back Index

If two or more statements in one section apply, please mark the one statement that most closely describes your problem.

Pain Intensity

1. The pain comes and goes and is very mild.
2. The pain is mild and does not vary much.
3. The pain comes and goes and is moderate.
4. The pain is moderate and does not vary much.
5. The pain comes and goes and is very severe.
6. The pain is very severe and does not vary much.

Sleeping

1. I get no pain in bed.
2. I get pain in bed but it does not prevent me from sleeping well.
3. Because of pain my normal sleep is reduced by less than 25%.
4. Pain prevents me from sleeping at all.
5. Because of pain my normal sleep is reduced by less than 50%.
6. Because of pain my normal sleep is reduced by less than 75%.

Sitting

1. I can sit in any chair as long as I like.
2. I can only sit in my favorite chair as long as I like.
3. Pain prevents me from sitting more than 1 hour.
4. I avoid sitting because it increases pain immediately.
5. Pain prevents me from sitting more than 1/2 hour.
6. Pain prevents me from sitting more than 10 min.

Standing

1. I can stand as long as I want without pain.
2. I have some pain while standing but it does not increase with time.
3. I cannot stand for longer than 1 hour without increasing pain.
4. I avoid standing because it increases pain immediately.
5. I cannot stand for longer than 1/2 hour without increasing pain.
6. I cannot stand for longer than 10 minutes without increasing pain.

Walking

1. I have no pain while walking.
2. I have some pain while walking but it doesn't increase with distance.
3. I cannot walk more than 1 mile without increasing pain.
4. I cannot walk at all without increasing pain.
5. I cannot walk more than 1/2 mile without increasing pain.
6. I cannot walk more than 1/4 mile without increasing pain.

Personal Care

1. I do not have to change my way of washing or dressing in order to avoid pain.
2. I do not normally change my way of washing or dressing even though it causes some pain.
3. Washing and dressing increases the pain but I manage not to change my way of doing it.
4. Washing and dressing increases the pain and I find it necessary to change my way of doing it.
5. Because of the pain I am unable to do some washing and dressing without help.
6. Because of the pain I am unable to do any washing and dressing without help.

Lifting

1. I can lift heavy weights without extra pain.
2. I can lift heavy weights but it causes extra pain.
3. Pain prevents me from lifting heavy weights off the floor.
4. I can only lift very light weights.
5. Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned (e.g., on a table).
6. Pain prevents me from lifting heavy weights off the floor, but I can manage light to medium weights if they are conveniently positioned.

Traveling

1. I get no pain while traveling.
2. I get some pain while traveling but none of my usual forms of travel make it worse.
3. I get extra pain while traveling but it does not cause me to seek alternate forms of travel.
4. Pain restricts all forms of travel.
5. I get extra pain while traveling which causes me to seek alternate forms of travel.
6. Pain restricts all forms of travel except that done while lying down.

Social Life

1. My social life is normal and gives me no extra pain.
2. My social life is normal but increases the degree of pain.
3. I have hardly any social life because of the pain.
4. Pain has restricted my social life and I do not go out very often.
5. Pain has restricted my social life to my home.
6. Pain has no significant affect on my social life apart from limiting my more energetic interests (e.g., dancing, etc).

Changing degree of pain

1. My pain is rapidly getting better.
2. My pain fluctuates but is definitely getting better.
3. My pain seems to be getting better but improvement is slow.
4. My pain is rapidly worsening.
5. My pain is neither getting better or worse.
6. My pain is gradually worsening.

Patient Name _____ Date _____

The Lower Extremity Functional Scale

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.

Over the past week do you or would you have any difficulty at all with:

Activities	Extreme Difficulty or Unable	Quite a Bit of Difficulty	Moderate Difficulty	Little Bit Of Difficulty	No difficulty
1. Usual work, house work or school activities	0	1	2	3	4
2. Usual hobbies, recreational or sporting	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 shoes and socks	0	1	2	3	4
6. Squatting	0	1	2	3	4
7. Lifting an object from the floor (groceries)	0	1	2	3	4
8. Light activities around your home	0	1	2	3	4
9. Heavy activities around your home	0	1	2	3	4
10. Getting into/out of a car	0	1	2	3	4
11. Walking two blocks	0	1	2	3	4
12. Walking 1 mile	0	1	2	3	4
13. Up/down 10 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. Make 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
Column totals:					

Minimum Level of Detectable Change (90% Confidence): 9 points

SCORE: _____ / 80

Reprinted from Binkley, J., Stratford, P., Lott, S., Riddle, D., & The North American Orthopaedic Rehabilitation Research Network, The Lower Extremity Functional Scale: Scale development, measurement properties, and clinical application, Physical Therapy, 1999, 79, 4371-383, with permission of the American Physical Therapy Association.