

Outcome Measure for Lower Appendicular Symptoms

Lower Extremity Functional Scale (LEFS)

Please identify if you are having any difficulty with the activities listed below, due to the lower extremity symptoms for which you are currently seeking attention.

<i>Activity</i>	<i>Inability</i>	<i>Significant Difficulty</i>	<i>Considerable Difficulty</i>	<i>Mild Difficulty</i>	<i>No Difficulty</i>
Work/ School	0	1	2	3	4
Hobbies/ Recreation/ Sporting	0	1	2	3	4
Transferring into/out of a bath	0	1	2	3	4
Walking around the house	0	1	2	3	4
Donning/doffing shoes and/or socks	0	1	2	3	4
Squatting	0	1	2	3	4
Lifting 10 lb from the floor	0	1	2	3	4
Light household maintenance	0	1	2	3	4
Heavy household maintenance	0	1	2	3	4
Transferring into/out of a car	0	1	2	3	4
Walking x 15 minutes	0	1	2	3	4
Walking x 30 minutes	0	1	2	3	4
Negotiating stairs	0	1	2	3	4
Standing x 60 minutes	0	1	2	3	4
Sitting x 60 minutes	0	1	2	3	4
Running on even ground	0	1	2	3	4
Running on uneven ground	0	1	2	3	4
Making sharp turns while running quickly	0	1	2	3	4
Hopping	0	1	2	3	4
Rolling over in bed	0	1	2	3	4

Patient Name

Patient Signature

Date

Parent/Guardian Signature

Date