

Name :

Date :

The 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 for each activity.***

TODAY, DO YOU OR WOULD YOU HAVE ANY DIFFICULTY AT ALL WITH:

Activities	Extreme Difficulty or unable to perform activity	Quite a Bit of Difficulty	Moderate Difficulty	A little bit of Difficulty	No Difficulty
1 Any of your usual work, housework, or school activities	0	1	2	3	4
2 Your usual hobbies, recreational or sporting activities	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 your shoes or socks	0	1	2	3	4
6 Squatting	0	1	2	3	4
7 Lifting an object, like a bag of groceries from the floor.	0	1	2	3	4
8 Performing light activities around your home.	0	1	2	3	4
9 Performing heavy activities around your home.	0	1	2	3	4
10 Getting into or out of a car	0	1	2	3	4
11 Walking 2 blocks	0	1	2	3	4
12 Walking a mile.	0	1	2	3	4
13 Going up or down 10 stairs	0	1	2	3	4
14 Standing for 1 hour	0	1	2	3	4
15 Sitting for 1 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
COLUMN TOTALS					

Minimum Level of Detectable Change (90% Confidence): 9 points SCORE: _____/80

Source: Stratford et al (2001): Development and initial validation of the upper extremity functional index. *Physiotherapy Canada* 53(4): 259-67.
Minimum detectable change (90% Confidence): 6points.