Patient Name:_____ **Date:**_____

Lower Extremity Evaluation

Describe your average difficulty performing the following activities:
4 = No difficulty 3 = A little bit of dificulty 2 = Moderate difficulty 1 = Quite a bit of difficulty
0 = Extreme difficulty or unable to do

Activity	
Any of your usual work, housework or school activities	
Your usual hobbies, recreational or sporting activities	
Getting into or out of the bath	
Walking between rooms	
Putting on your shoes or socks	
Squatting	
Lifting an object, like a bag of groceries from the floor	
Performing light activities around your home	
Performing heavy activities around your home	
Getting into or out of a car	
Walking 2 blocks	
Walking a mile	
Going up or down 10 stairs (about 1 flight of stairs)	
Standing for 1 hour	
Sitting for 1 hour	
Running on even ground	
Running on uneven ground	
Making sharp turns while running fast	
Hopping	
Rolling over in bed	
Total	

Next Dr.'s appt?
_____

Overall % improvement
_____

Pain rating (0-10 scale)
_____-_____

Highest pain rating is what % of day
_____

Original Score/Date
_____

For office use

SLS: Eyes Open R / L Eyes Closed R / L

LEFS Scoring: (LEFS score)/80*100
MCID = 9 points