

PATIENT NAME: _____ 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.**

LEFT – INITIAL VISIT

Please rate your pain level with activity: NO PAIN = 0 1 2 3 4 5 6 7 8 9 10 = VERY SEVERE PAIN

		Extremely Difficult Or Unable to Perform Activity	Quit 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.	Puttin 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.	Going 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 (about 1 flight of 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.	Shopping	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: <input type="checkbox"/> Cancer <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart Condition <input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Neurological Disorders (e.g., Parkinson’s, Muscular Dystrophy, Huntington’s CVA, Alzheimer’s, TBI) <input type="checkbox"/> Obesity <input type="checkbox"/> Surgery for this Problem <input type="checkbox"/> Systemic Disorders (e.g., Lupus, Rheumatoid Arthritis, Fibromyalgia)
ICD9 Code: _____	