

PATIENT NAME: _____

DATE: _____

LEFS – INITIAL VISIT

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.**

| | | | | | |
|---|---|--------------------------------------|--------------------------------|---------------------------------------|--------------------------|
| Please rate your pain level with activity : | | | | | |
| NO PAIN = 0 1 2 3 4 5 6 7 8 9 10 = VERY SEVERE PAIN | | | | | |
| Please circle the number that applies to your ABILITY to perform the activity: | | | | | |
| | Extreme Difficulty or Unable to Perform Activity | Quite a Bit of Difficulty | Moderate Difficulty | A Little Bit of Difficulty | No Difficulty |
| 1. 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 shoes or socks | 0 | 1 | 2 | 3 | 4 |
| 6. Squatting | 0 | 1 | 2 | 3 | 4 |
| 7. Lift 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 1 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. Hopping | 0 | 1 | 2 | 3 | 4 |
| 20. Rolling over in bed | 0 | 1 | 2 | 3 | 4 |