bodywise
PHYSICAL THERAPY

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.**

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

2. How satisfied are you with the level of care and service provided? ☐**Very Satisfied** ☐**Satisfied** ☐**Unsatisfied** ☐**Very Unsatisfied**

3. Please rate your progress with functional activities from start of therapy to this point in time. ☐**Excellent** ☐**Good** ☐**Fair** ☐**Poor**

4. At this point in your treatment, have your therapy goals been met? ☐**Completely Met** ☐**Met** ☐**Partially Met** ☐**Not Met**

LEFS – FOLLOW-UP AND DISCHARGE VISIT	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 (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

Source: Binkley et al (1999): The Lower Extremity Functional Scale (LEFS): Scale development, measurement properties, and clinical application. Physical Therapy. 79:371-383.