

Current Score: _____	Last Score: _____
Current Pain: _____	Last Pain: _____

## KNEE OUTCOME SURVEY

### ACTIVITIES OF DAILY LIVING SCALE

Patient Name \_\_\_\_\_

Date \_\_\_\_\_

Therapist \_\_\_\_\_

Clinic \_\_\_\_\_

**Instructions:**

The following questionnaire is designed to determine the symptoms and limitations that you experience because of your knee while you perform your usual daily activities. Please answer each question by checking the one statement that best describes you over the last 1 to 2 days. For a given question, more than one of the statements may describe you, but please mark only the statement which best describes you during your daily activities over the last 1 to 2 days.

**Symptoms**

To what degree does each of the following symptoms affect your level of daily activity?  
(circle one number on each line)

	I do not have the symptom	I have the symptom, but it does not affect my activity	The symptom affects my activity slightly	The symptom affects my activity moderately	The symptom affects my activity severely	The symptom prevents me from all daily activity
Pain	5	4	3	2	1	0
Stiffness	5	4	3	2	1	0
Swelling	5	4	3	2	1	0
Giving way, Buckling, or Shifting of knee	5	4	3	2	1	0
Weakness	5	4	3	2	1	0
Limping	5	4	3	2	1	0

## Functional Limitations with Activities of Daily Living

How does your knee affect your ability to . . . (circle one number on each line)

	Activity is not difficult	Activity is minimally difficult	Activity is somewhat difficult	Activity is fairly difficult	Activity is very difficult	I am unable to do the activity
Walk	5	4	3	2	1	0
Go up stairs	5	4	3	2	1	0
Go down stairs	5	4	3	2	1	0
Stand	5	4	3	2	1	0
Kneel on the front of your knee	5	4	3	2	1	0
Squat	5	4	3	2	1	0
Sit with your knee bent	5	4	3	2	1	0
Rise from a Chair	5	4	3	2	1	0

How would you rate your level of function during your usual daily activities on a scale from 0 to 100 with 100 being your level of function prior to your knee problem and 0 being the inability to perform any of your usual daily activities?

\_\_\_ \_\_\_.0 %

How would you rate the overall function of your knee during your usual daily activities?

(please check the one response which best describes you)

- Normal
- Nearly normal
- Abnormal
- Severely abnormal

As a result of your knee problem, how would you rate your current level of daily activity?

(please check the one response which best describes you)

- Normal
- Nearly normal
- Abnormal
- Severely abnormal

Over the past 24 hours, how bad has your pain been?

(circle one number)

