Name:____________________________________ **Date:**_______________

Knee Outcome Survey
Activities of Daily Living Scale

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 usual daily activities.

Symptoms

To what degree does each of the following symptoms affect your level of daily activity? (check one answer 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 Activities**
Pain	☐	☐	☐	☐	☐	☐
Stiffness	☐	☐	☐	☐	☐	☐
Swelling	☐	☐	☐	☐	☐	☐
Giving Way, Buckling or Shifting of Knee	☐	☐	☐	☐	☐	☐
Weakness	☐	☐	☐	☐	☐	☐
Limping	☐	☐	☐	☐	☐	☐

(over)

Functional Limitations with Activities of Daily Living

How does your knee affect your ability to… (check one answer 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?	☐	☐	☐	☐	☐	☐
Go up stairs?	☐	☐	☐	☐	☐	☐
Go down stairs?	☐	☐	☐	☐	☐	☐
Stand?	☐	☐	☐	☐	☐	☐
Kneel on the front of your knee?	☐	☐	☐	☐	☐	☐
Squat?	☐	☐	☐	☐	☐	☐
Sit with your knee bent?	☐	☐	☐	☐	☐	☐
Rise from a chair?	☐	☐	☐	☐	☐	☐

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

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How would you rate the overall function of your knee during your usual daily activities? (please check the one response that best describes you)

☐ normal
☐ nearly normal
☐ abnormal
☐ severely abnormal

As a result of your knee injury, how would you rate your current level of daily activity? (please check the one response that best describes you)

☐ normal
☐ nearly normal
☐ abnormal
☐ severely abnormal

Patient Signature: ______________________________ Date: __________