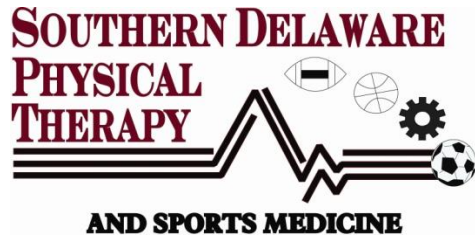


Name: _____

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 **circling 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 circle only the statement which best describes you during your daily activities.

Symptoms: To what degree does each of the following symptoms affect your level of daily activity?
(Circle 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	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

Name: _____ Date: _____

Functional Limitations with Activities of Daily Living: How does your knee affect your ability to... (Circle one answer on each line)

	Activity is Not Affected	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 the current function for your knee during your usual daily activities on a scale from 0 to 100 with 100 being your level of function prior to your injury and 0 being the inability to perform any of your usual daily activities?

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

Normal
Nearly Normal
Abnormal
Severely Abnormal

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For PT: To score, add up all the numbers and divide by the greatest number available. Divide by 70 if all questions answered.