



INSTRUCTIONS FOR THE:

KNEE OUTCOME SURVEY, ACTIVITY OF DAILY LIVING SCALE (ADLS)

This questionnaire has been designed to give your therapist information as to how your knee condition has affected your ability to manage in every day life. Please answer each pain or symptom descriptor. For each descriptor, circle the number that that *BEST* describes your condition today. We realize you may feel that more than one number may describe your condition, but please mark only the number which most closely describes your condition today.

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

	Never Have	Have, but does not affect activity	Affects activity slightly	Affects activity moderately	Affects activity severely	Prevent me from all daily activity
Pain	5	4	3	2	1	0
Grinding or Grating	5	4	3	2	1	0



KNEE OUTCOME SURVEY ACTIVITIES OF DAILY LIVING SCALE

Section 1: To be completed by patient

Name: _____ Age: _____ Date: _____

Occupation: _____ Onset of knee pain: _____ (this episode)

Section 2: To be completed by patient

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

	Never Have	Have, but does not affect activity	Affects activity slightly	Affects activity moderately	Affects activity severely	Prevent me from all daily activity
Pain	5	4	3	2	1	0
Grinding or Grating	5	4	3	2	1	0
Stiffness	5	4	3	2	1	0
Swelling	5	4	3	2	1	0
Slipping or Partial Giving Way of Knee	5	4	3	2	1	0
Buckling or Full Giving Way of Knee	5	4	3	2	1	0
Weakness	5	4	3	2	1	0
Limping	5	4	3	2	1	0

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

	Not difficult at all	Minimally difficult	Somewhat difficult	Fairly difficult	Very difficult	Unable to do
Walk	5	4	3	2	1	
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

Section 3: To be completed by physical therapist/provider SCORE: _____/80 x 100 _____% (SEM 9.7, MDC 8.4)

SCORE: Initial _____ **Subsequent** _____ **Subsequent** _____ **Discharge** _____

Number of treatment sessions: _____

Diagnosis/ICD-9 Code: _____

adapted from Irrgang JJ, et al. Development of a patient-reported measure of function of the knee. J Bone Joint Surg Am. 1998; 80: 1132-1145.