Score:

9

10

Severe

Knee Outcome Survey – ADL Scale

Over the LAST 1 to 2 DAYS, check the one statement that best describes you.

	I Do Not	I Have the	The	The	The	The Symptom
	Have the	Symptom But	Symptom	Symptom	Symptom	Prevents Me
	Symptom	It Does Not	Affects My	Affects My	Affects My	From All Daily
		Affect My	Activity	Activity	Activity	Activities
		Activity	Slightly	Moderately	Severely	
Pain						
Stiffness						
Swelling						
Giving Way,						
Buckling or						
Shifting of						
Knee						
Weakness						
Limping						
	5	4	3	2	1	0

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

Functional Limitations with Activities of Daily Living: How does your knee affect your ability to ...

The Activity Is	Not	Minimally	Somewhat	Fairly	Very	I am Unable to
	Difficult	Difficult	Difficult	Difficult	Difficult	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?						
	5	4	3	2	1	0

Please rate your level of pain in the last 24 hours on the following scale. (Choose One)

4

5

7

6

8

No

0

1

2

3