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 <u>usual daily activities</u>. Please answer each question by <u>checking the one statement that best describes you over the last 1 to 2 days</u>. For a given question, more than one of the statements may describe you, but please mark <u>only</u> 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						

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 r check the <u>one</u> res		•		ing your <u>usua</u>	l daily activiti	<u>es</u> ? (please
	normal nal ly abnormal r knee injury,	-	-	current level o	f daily activit	<u>y</u> ?
	normal					