

Callan-Harris Physical Therapy

Knee Outcome Survey – Activities of Daily Living Scale

Section 1: To be completed by patient

Date of Birth:

Date Completed:

Name: _____ / ____/____ / _____

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 for each line)**

	Never Have	Have, but does not affect activity	Affects activity slightly	Affects activity moderately	Affects activity severely	Prevents 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	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

For Office Use Only:

Score: _____ / 80 x 100 = _____ %

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.