Knee Outcome Survey Activities of Daily Living Scale

Name:_____Date:_____

Symptoms: To what degree does each of the following symptoms affect your level of activity? (check one answer on each line)

	I do not have the symptom 5	I have the symptom, but it does not affect my activity 4	The symptom affects my activity slightly 3	The symptom affects my activity moderately 2	The symptom affects my activity severely 1	The symptom prevents me from all daily activity 0
Pain						
Stiffness						
Swelling						
Giving way, buckling, or shifting of the 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
Walk						
Go up stairs						
Go down stairs						
Stand						
Kneel on front of your knee						
Squat						
Sit with your knee bent						
Rise from a chair						

Pain Score: Over the past 24 hours, how bad has your pain been?

No Pain   1   2   3   4   5   6   7   8   9   10   Worst Pain Imaginable

Scoring: The first column is scored 5 points for each item, followed in successive columns by scores of 4, 3, 2, 1, and 0 for the last column. The total points from all items are summed, then divided by 70 and multiplied by 100 for the ADLS score. For example, if the individual places marks for 12 items in the first column, and 2 items in the second column the total points would be 12x5 = 60 points, plus 2 x 4 = 8 points, for a total of 68 points. The ADLS score would then be 68/70 x 100 = 97%.