



PALM BEACH ORTHOPAEDIC INSTITUTE, P.A.

REHABILITATION DEPARTMENT

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Patient name: _____ Date: _____ Score: _____

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 *usual daily activities*. Please answer each question by **checking the one statement that best describes you over the last 1 to 2 days**. For a given question, more than one of the statements may describe you, but *please mark **only** 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? **Mark one answer in the column that is most appropriate.**

	I do not have the symptom	I have the symptom	The symptom affects my activity slightly	The symptom affects my activity moderately	The symptom affects me 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 . . . ? **Mark one answer in the column that is most appropriate.**

	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 rate the current function of your knee during your usual daily activities on a scale from 0 to 100 with 100 being your level of knee function prior to your injury and 0 being the inability to perform any of your usual daily activities?

How would you rate the overall function of your knee during your usual daily activities? (Please circle the one response that best describes you)

- Normal
- Nearly normal
- Abnormal
- Severely normal

As a result of your knee injury, how would you rate your current level of daily activity? (Please circle the one response that best describes you)

- Normal
- Nearly normal
- Abnormal
- Severely normal