



PALM BEACH ORTHOPAEDIC INSTITUTE, P.A.

REHABILITATION DEPARTMENT

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Patient name: _____ Date: _____ Score: _____

Knee Outcome Survey Sports Activities Scale

Instructions:

The following questionnaire is designed to determine the symptoms and limitations that you experience because of your knee while you perform sports 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 you please *mark **only** the statement which best describes you* when you participate in sports activities.

Symptoms

To what degree does each of the following symptoms affect your level of sports activity?
Mark one answer for each symptom in the column that is most appropriate.

	Never have	Have, but does not affect sports activity	Affects sports activity slightly	Affects sports activity moderately	Affects sports activity severely	Prevents me from all sports activity
Pain						
Grinding or grating						
Stiffness						
Swelling						
Slipping or partial giving way of knee						
Buckling or full giving way of knee						
weakness						

Functional Limitations with Sports Activities

How does your knee affect your ability to

Mark one answer for each activity in the column that is most appropriate.

	Not difficult at all	Minimally difficult	Somewhat difficult	Fairly difficult	Very difficult	Unable to do
Run straight ahead?						
Jump and land on your involved leg?						
Stop and start quickly?						
Cut and pivot on your involved leg?						

How would you rate the current function of your knee during sports 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 sports activities?

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

- Normal
- Nearly normal
- Abnormal
- Severely abnormal

As a result of your knee problem, how would you rate your current level of activity during sports? (Please check the one response that best describes you)

- Normal
- Nearly normal
- Abnormal
- Severely abnormal