

KNEE OUTCOME SURVEY

Activities of Daily Living Scale

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	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 activity
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 do the activity
Walk						
Go up stairs						
Go down stairs						
Stand						
Kneel on front of your knee						
Squat						
Sit with your knee bent						
Rise from a chair						

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Sports Activity Scale

Symptoms:

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

	Never have	Have, but does not affect my 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: (check one answer on each line)

	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						