Karnofsky Performance Scale

KARNOFSKY PERFORMANCE SCALE

Patient information

Examiner

Please tick the appropriate rating for your patient in terms of their capability to do activities of daily living while dealing with a serious medical illness or two.

Select one

- ◯ 100% - No complaints; no evidence of disease - Able to carry on normal activity and to work. No special care is needed.
- ◯ 90% - Able to carry on normal activity; minor signs or symptoms of disease
- ◯ 80% - Normal activity with effort; some signs or symptoms of disease
- ◯ 70% - Cares of self; unable to carry on normal activity or to do active work - Unable to work; able to live at home and care for most personal needs; varying amount of assistance is needed.
- ◯ 60% - Requires occasional assistance but is able to care for most personal needs
- ◯ 50% - Requires considerable assistance and frequent medical care
- ◯ 40% - Disabled; requires special care and assistance - Unable to care for self; requires equivalent of institutional or hospital care; diseases may be progressing rapidly.
- ◯ 30% - Severely disabled; hospital admission indicated although death not imminent
- ◯ 20% - Very sick; hospital admission necessary; active supportive treatment necessary
- ◯ 10% - Moribund; fatal processes progressing rapidly
- ◯ 0% - Dead

Here, you may answer the following questions:

Did your patient lose or gain weight because of their condition(s)?

Do they have less energy and are constantly fatigued?

Do they have a hard time walking, running, or just moving around in general?

Are they having difficulty with their work or are they rendered unable to work at all?

Are they having difficulty with domestic activities like cooking, cleaning, etc.?

Are they having difficulty bathing and grooming themselves?

You may also explain your reasoning for rating your patient as such and write down any plans you have for your patient.

Indicate answer(s) here