Knee Outcome Survey

Assessment date: _____ dd / mm / yyyy **Patient's name:** _____

Age: _____ **Date of birth:** _____ dd / mm / yyyy

Relevant medical history (if needed):

Concerns or symptoms (if needed):

Healthcare provider's name: _____

Signature:

ACTIVITIES OF DAILY LIVING SCALE (ADLS)

To what degree does each of the following symptoms affect your level of activity? Instructions: Check one answer.

Pain:

- ◯ I do not have any symptoms
- ◯ 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

Stiffness:

- ◯ I do not have any symptoms
- ◯ 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

Swelling:

- ◯ I do not have any symptoms
- ◯ 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

Giving way, buckling, or shifting of the knee:

- ◯ I do not have any symptoms
- ◯ 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

Weakness:

- ◯ I do not have any symptoms
- ◯ 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

Limping:

- ◯ I do not have any symptoms
- ◯ 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

FUNCTIONAL LIMITATIONS WITH ACTIVITIES OF DAILY LIVING

How does your knee affect your ability to do the following activities? Instructions: Check one answer on each line.

Walk:

- ◯ Activity is not difficult
- ◯ Activity is minimally difficult
- ◯ Activity is somewhat difficult
- ◯ Activity is fairly difficult
- ◯ Activity is very difficult
- ◯ I am unable to

Go up stairs:

- ◯ Activity is not difficult
- ◯ Activity is minimally difficult
- ◯ Activity is somewhat difficult
- ◯ Activity is fairly difficult
- ◯ Activity is very difficult
- ◯ I am unable to

Go down stairs:

- ◯ Activity is not difficult
- ◯ Activity is minimally difficult
- ◯ Activity is somewhat difficult
- ◯ Activity is fairly difficult
- ◯ Activity is very difficult
- ◯ I am unable to

Stand:

- ◯ Activity is not difficult
- ◯ Activity is minimally difficult
- ◯ Activity is somewhat difficult
- ◯ Activity is fairly difficult
- ◯ Activity is very difficult
- ◯ I am unable to

Kneel on front of your knee:

- ◯ Activity is not difficult
- ◯ Activity is minimally difficult
- ◯ Activity is somewhat difficult
- ◯ Activity is fairly difficult
- ◯ Activity is very difficult
- ◯ I am unable to

Sit with your knee bent:

- ◯ Activity is not difficult
- ◯ Activity is minimally difficult
- ◯ Activity is somewhat difficult
- ◯ Activity is fairly difficult
- ◯ Activity is very difficult
- ◯ I am unable to

Rise from a chair:

- ◯ Activity is not difficult
- ◯ Activity is minimally difficult
- ◯ Activity is somewhat difficult
- ◯ Activity is fairly difficult
- ◯ Activity is very difficult
- ◯ I am unable to

Scoring instructions

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.

Score for ADLS: _____

Score for functional limitations with activities of daily living:

Final score: _____

SPORTS ACTIVITIES SCALE (SAS)

To what degree does each of the following symptoms affect your level of sports activity? Instructions: Check one answer.

Pain:

- ◯ Never have
- ◯ Have, But does not affect my sports activity
- ◯ Affects my sport activity slightly
- ◯ Affects sports activity moderately
- ◯ Affects sports severely
- ◯ Prevents me from all sports activity

Grinding or grating:

- ◯ Never have
- ◯ Have, But does not affect my sports activity
- ◯ Affects my sport activity slightly
- ◯ Affects sports activity moderately
- ◯ Affects sports severely
- ◯ Prevents me from all sports activity

Stiffness:

- ◯ Never have
- ◯ Have, But does not affect my sports activity
- ◯ Affects my sport activity slightly
- ◯ Affects sports activity moderately
- ◯ Affects sports severely
- ◯ Prevents me from all sports activity

Swelling:

- ◯ Never have
- ◯ Have, But does not affect my sports activity
- ◯ Affects my sport activity slightly
- ◯ Affects sports activity moderately
- ◯ Affects sports severely
- ◯ Prevents me from all sports activity

Slipping or partial giving way of knee:

- ◯ Never have
- ◯ Have, But does not affect my sports activity
- ◯ Affects my sport activity slightly
- ◯ Affects sports activity moderately
- ◯ Affects sports severely
- ◯ Prevents me from all sports activity

Buckling or full giving way:

- ◯ Never have
- ◯ Have, But does not affect my sports activity
- ◯ Affects my sport activity slightly
- ◯ Affects sports activity moderately
- ◯ Affects sports severely
- ◯ Prevents me from all sports activity

Weakness:

- ◯ Never have
- ◯ Have, But does not affect my sports activity
- ◯ Affects my sport activity slightly
- ◯ Affects sports activity moderately
- ◯ Affects sports severely
- ◯ Prevents me from all sports activity

FUNCTIONAL LIMITATIONS WITH SPORTS ACTIVITIES

How does your knee affect your ability to do the following activities? Instructions: Check one answer.

Run straight ahead:

- ◯ Not difficult at all
- ◯ Minimally difficult
- ◯ Somewhat difficult
- ◯ Fairly difficult
- ◯ Very difficult
- ◯ Unable to do

Jump and land on your involved leg:

- ◯ Not difficult at all
- ◯ Minimally difficult
- ◯ Somewhat difficult
- ◯ Fairly difficult
- ◯ Very difficult
- ◯ Unable to do

Stop and start quickly:

- ◯ Not difficult at all
- ◯ Minimally difficult
- ◯ Somewhat difficult
- ◯ Fairly difficult
- ◯ Very difficult
- ◯ Unable to do

Cut and pivot on your involved leg:

- ◯ Not difficult at all
- ◯ Minimally difficult
- ◯ Somewhat difficult
- ◯ Fairly difficult
- ◯ Very difficult
- ◯ Unable to do

Scoring instructions

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 55 and multiplied by 100 for the SAS score.

Score for SAS: _____

Score for functional limitations with sports activities:

Final score: _____

ADDITIONAL NOTES

Specify below: