

# Knee Outcome Survey

## Patient information

Patient's name:

Date of birth:

Healthcare provider:

Assessment date:

## Activities of daily living scale (ADLS)

To what degree does each of the following symptoms affect your level of activity?

**Instructions:** Check one answer on each line.

	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
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 do the following activities?

**Instructions:** 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
Walk						
Go up stairs						
Go down stairs						
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						
Sit with your knee bent						
Rise from chair						

### 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 on each line.

	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
Pain						
Grinding or grating						
Stiffness						
Swelling						
Slipping or partial giving way of knee						
Buckling or full giving way						
Weakness						

## Functional limitations with sports activities

How does your knee affect your ability to do the following activities?

**Instructions:** Check one answer on each line.

	<b>Not difficult at all</b>	<b>Minimally difficult</b>	<b>Somewha t difficult</b>	<b>Fairly difficult</b>	<b>Very difficult</b>	<b>Unable to do</b>
Run straight ahead						
Jump and land on your involved leg						
Stop and start quickly						
Cut and pivot on your involved leg						

### 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

### Reference

Irrgang, J. J., Snyder-Mackler, L., Wainner, R. S., Fu, F. H., & Harner, C. D. (1998). Development of a Patient-Reported Measure of Function of the Knee\*. *Journal of Bone and Joint Surgery. American Volume/ the Journal of Bone and Joint Surgery. American Volume*, 80(8), 1132–1145.  
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