

Karnofsky Performance Scale

Patient Name:

Date Accomplished:

Assessor Name:

Instructions: 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.

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

Additional Comments: