

# Knee Outcome Survey

Patient's name: \_\_\_\_\_ Assessment date: \_\_\_\_\_

Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_

## Patient history

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 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<br>not<br>difficult | Activity is<br>minimally<br>difficult | Activity is<br>somewhat<br>difficult | Activity is<br>fairly<br>difficult | Activity is<br>very<br>difficult | I am<br>unable to |
|-----------------------------------|---------------------------------|---------------------------------------|--------------------------------------|------------------------------------|----------------------------------|-------------------|
| Walk                              |                                 |                                       |                                      |                                    |                                  |                   |
| Go up stairs                      |                                 |                                       |                                      |                                    |                                  |                   |
| Go down<br>stairs                 |                                 |                                       |                                      |                                    |                                  |                   |
| Stand                             |                                 |                                       |                                      |                                    |                                  |                   |
| Kneel on<br>front of your<br>knee |                                 |                                       |                                      |                                    |                                  |                   |
| Sit with your<br>knee bent        |                                 |                                       |                                      |                                    |                                  |                   |
| Rise from<br>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<br>have | Have, But<br>does not<br>affect my<br>sports<br>activity | Affects<br>my sports<br>activity<br>slightly | Affects<br>sports<br>activity<br>moderately | Affects<br>sports<br>severely | Prevents<br>me from<br>all sports<br>activity |
|------------------------|---------------|--|--|---|-------------------------------|---|
| Pain                   |               |  |  |   |                               |   |
| Grinding or<br>grating |               |  |  |   |                               |   |
| Stiffness              |               |  |  |   |                               |   |

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

|                                    | 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 |                      |                     |                    |                  |                |              |

#### 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

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\*. *The Journal of Bone & Joint Surgery*, 80(8), 1132–1145. <https://doi.org/10.2106/00004623-199808000-00006>