

**INSTRUCTIONS FOR THE:
KNEE OUTCOME SURVEY, ACTIVITY OF DAILY LIVING SCALE (ADLS)**

This questionnaire has been designed to give your therapist information as to how your knee condition has affected your ability to manage in every day life. Please answer each pain or symptom descriptor. For each descriptor, circle the number that *BEST* describes your condition today. We realize you may feel that more than one number may describe your condition, but please mark only the number which most closely describes your condition today.

To what degree does each of the following symptoms affect your level of daily activity? (circle one # for each line)						
	Never Have	Have, but does not affect activity	Affects activity slightly	Affects activity moderately	Affects activity severely	Prevents me from all daily activity
Pain	5	4	3	2	1	0
Grinding or Grating	5	4	3	2	1	0



KNEE OUTCOME SURVEY, ACTIVITY OF DAILY LIVING SCALE (ADLS)

SECTION 1: To be completed by patient

Name: _____	Age: _____	Date: _____
Occupation: _____	Onset of knee pain: _____ (this episode)	

SECTION 2: To be completed by patient

To what degree does each of the following symptoms affect your level of daily activity? (circle one # for each line)						
	Never Have	Have, but does not affect activity	Affects activity slightly	Affects activity moderately	Affects activity severely	Prevents me from all daily activity
Pain	5	4	3	2	1	0
Grinding or Grating	5	4	3	2	1	0
Stiffness	5	4	3	2	1	0
Swelling	5	4	3	2	1	0
Slipping or Partial Giving Way of Knee	5	4	3	2	1	0
Buckling or Full Giving Way of Knee	5	4	3	2	1	0
Weakness	5	4	3	2	1	0
Limping	5	4	3	2	1	0

How does your knee affect your ability to... (circle one # for each line)						
	Not difficult at all	Minimally difficult	Somewhat difficult	Fairly difficult	Very difficult	Unable to do
Walk	5	4	3	2	1	
Go up stairs	5	4	3	2	1	0
Go down stairs	5	4	3	2	1	0
Stand	5	4	3	2	1	0
Kneel on the front of your knee	5	4	3	2	1	0
Squat	5	4	3	2	1	0
Sit with your knee bent	5	4	3	2	1	0
Rise from a chair	5	4	3	2	1	0

SECTION 3: To be completed by physical therapist/provider SCORE: _____/80 x 100 _____% (SEM 9.7, MDC 8.4)

SCORE: Initial _____	Subsequent _____	Subsequent _____	Discharge _____
Number of treatment sessions: _____		Diagnosis/ICD-9 Code: _____	

adapted from Irrgang JJ, et al. Development of a patient-reported measure of function of the knee. J Bone Joint Surg Am. 1998; 80: 1132-1145.



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