

For office use only

Name	DOB	Account

Knee Outcome Survey Activities of Daily Living Scale (ADLS)

Answer **every question** with **one response** that most closely describes your condition within the past week.

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

	I do not have the symptom	I have the symptom, but it does not affect my activity	The symptoms affects my activity slightly	The symptoms affects my activity moderately	The symptoms affects my activity severely	The symptoms prevents me from all daily activity
Pain						
Stiffness						
Swelling						
Giving way, buckling, or shifting of the knee						
Weakness						
Limping						

	Activity is not difficult	Activity is minimally difficult	Activity is somewhat difficult	Activity is fairly difficult	Activity is very difficult	I am unable to do the activity
Walk						
Go up stairs						
Go down stairs						
Stand						
Kneel on the front of your knee						
Squat						
Sit with your knee bent						
Rise from a chair						