

Outcome Survey Activities of Daily Living Scale

Name: _____ Date: _____

Directions: To what degree does each of the following symptoms affect your level of daily activity? (Circle one number on each line).

	Never have	Have, but does not affect activity	Affects activity slightly	Affects activity moderately	Affects activity severely	Prevent 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

Directions: How does your knee affect your ability to...(circle one number on each line)

	Not difficult at all	Minimally difficult	Somewhat difficult	Fairly difficult	Very difficult	Unable to do
Walk	5	4	3	2	1	0
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

Office Use Only: Score: ____/80 points (MDC 8.4) Number of PT Sessions: ____ Gender: M F Age: ____

ICD-9 Code: _____ PT Initials: ____

Knee Outcome Survey Activities of Daily Living Scale

Marx, R. G., Jones, E. C., Allen, A. A., Altchek, D. W., O'Brien, S. J., Rodeo, S. A., Williams, R. J., Warren, R. F., and Wickiewicz, T. L. (2001). Reliability, Validity, and Responsiveness of Four Knee Outcome Scales for Athletic Patients. *Journal of Bone and Joint Surgery (American)*, 83:1459-1469.

Found to be reliable & valid

Standardized response mean: 1.1

Mean Difference Change: 8.4 points

Patient Population: athletes, knee musculoskeletal conditions, OA

Items: 16