Knee Outcome Survey Activities of Daily Living Scale (ADLS)

Name: _____ Date: _____

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

(Please ✔ check one answer on each line)

	I **do not have** the symptom	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	5	4	3	2	1	0
Stiffness	5	4	3	2	1	0
Swelling	5	4	3	2	1	0
Giving way, buckling, or shifting of the knee	5	4	3	2	1	0
Weakness	5	4	3	2	1	0
Limping	5	4	3	2	1	0

Sum _____

Functional Limitations With Activities of Daily Living:
How does your knee affect your ability to:

(Please ✔ check one answer on each line)

	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	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 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

Scoring: 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.

Sum of both Tables / **70** x 100 = xx %

Score _____ %