• •	• •	• •	• •
• •	·	• •	* *
	••	• •	••
	• •	• •	+ +
• •	• •	* *	• •
ily Living: Ho (3) Activity is somewhat difficult	OW does your kn (2) Activity is fairly difficult	ee affect your a (1) Activity is very difficult	(0) I am unable to do the activity
• •	• •	• •	••
• •	• •	• •	• •
• •	• •	• •	• •
• •	• •	• •	• •
	• •	* *	• •
• •	• •	• •	·.•
• •	• •	• •	• •*
s from all item ble, if the indiv otal points wo	llowed in succes ns are summed, ridual places ma uld be 12x5 = 60 68/70 x 100 = 9	then divided by irks for 12 items points, plus 2)	70 and In the first
nction		ATIENTS ONLY% Function	=% Impairm
	Date _		
,	Date _		
		Date _	Date

Knee Outcome Survey Activities of Daily Living Scale (ADLS)

The symptom

affects my

moderately

activity

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

(3)

The symptom

affects my

activity

slightly

Date:

The symptom prevents me from all dally

activity

(1)

affects my

activity

severely

The symptom

Patient Name:

(4)

symptom, but

I have the

It does not

affect my

activity

answer on each line)

Paln

I do not have

the symptom