

Industrial Physical Therapy, Inc.

Knee Outcome Survey

Name: _____ Signature: _____ Date: _____

Instructions: The following questionnaire is designed to determine the symptoms and limitations that you experience because of your knee while you perform your usual daily activities. Please answer each question by checking the statement that best describes you over the last 1 to 2 days. For a given question, more than one of the statements may describe you, but please mark **ONLY** the statement that best describes you during your usual daily activities.

Symptom Scale

1. **To what degree does pain in your knee affect your daily activity level?**

- A. I never have pain in my knee.
- B. I have pain in my knee, but it does not affect my daily activity.
- C. Pain affects my activity slightly.
- D. Pain affects my activity moderately.
- E. Pain affects my activity severely.
- F. Pain in my knee prevents me from performing all daily activities.

2. **To what degree does grinding or grating of your knee affect your daily activity level?**

- A. I never have grinding or grating in my knee.
- B. I have grinding or grating in my knee, but it does not affect my daily activities.
- C. Grinding or grating affects my activity slightly.
- D. Grinding or grating affects my activity moderately.
- E. Grinding or grating affects my activity severely.
- F. Grinding or grating in my knee prevents me from performing all daily activities.

3. **To what degree does stiffness in your knee affect your daily activity level?**

- A. I never have stiffness in my knee.
- B. I have stiffness in my knee, but it does not affect my daily activity.
- C. Stiffness affects my activity slightly.
- D. Stiffness affects my activity moderately.
- E. Stiffness affects my activity severely.
- F. Stiffness in my knee prevents me from performing all daily activities.

4. **To what degree does swelling in your knee affect your daily activity level?**

- A. I never have swelling in my knee.
- B. I have swelling in my knee, but it does not affect my daily activity.
- C. Swelling affects my activity slightly.
- D. Swelling affects my activity moderately.
- E. Swelling affects my activity severely.
- F. Swelling in my knee prevents me from performing all daily activities.

5. **To what degree does slipping of your knee affect your daily activity level?**

- A. I never have slipping in my knee.
- B. I have slipping in my knee, but it does not affect my daily activity.
- C. Slipping affects my activity slightly.
- D. Slipping affects my activity moderately.
- E. Slipping affects my activity severely.
- F. Slipping of my knee prevents me from performing all daily activities.

6. **To what degree does buckling of your knee affect your daily activity level?**

- A. I never have buckling of the knee.
- B. I have buckling in my knee, but it does not affect my daily activity.
- C. Buckling affects my activity slightly.
- D. Buckling affects my activity moderately.
- E. Buckling affects my activity severely.
- F. Buckling of my knee prevents me from performing all daily activities.

7. **To what degree does weakness or lack of strength of your leg affect your daily activity level?**

- A. My leg never feels weak.
- B. My leg feels weak, but it does not affect my daily activity.
- C. Weakness affects my activity slightly.
- D. Weakness affects my activity moderately.
- E. Weakness affects my activity severely.
- F. Weakness of my leg prevents me from performing all daily activities.

Functional Disability with ADL Scale

8. **How does your knee affect your ability to walk?**

- A. My knee does not affect my ability to walk.
- B. I have pain in my knee when walking, but it does not affect my ability to walk.
- C. My knee prevents me from walking more than one mile.
- D. My knee prevents me from walking more than a half a mile.
- E. My knee prevents me from walking more than one block.
- F. My knee prevents me from walking.

Functional Disability with ADL Scale - Cont.

9. **Because of your knee, do you walk with crutches or a cane?**

- A. I can walk without crutches or a cane.
- B. My knee causes me to walk with 1 crutch or a cane.
- C. My knee causes me to walk with two crutches.
- D. Because of my knee, I cannot walk even with crutches.

10. **Does your knee cause you to limp when you walk?**

- A. I can walk without a limp.
- B. Sometimes my knee causes me to walk with a limp.
- C. Because of my knee, I cannot walk without a limp.

11. **How does your knee affect your ability to go up stairs?**

- A. My knee does not affect my ability to go up stairs.
- B. I have pain in my knee when going up stairs, but it does not affect my ability to go up stairs.
- C. I am able to go up stairs normally, but I need to rely on the use of a railing.
- D. I am able to go upstairs one step at a time with use of a railing.
- E. I have to use crutches or a cane to go up stairs.
- F. I cannot go up stairs.

12. **How does your knee affect your ability to go down stairs?**

- A. My knee does not affect my ability to go down stairs.
- B. I have pain in my knee when going down stairs, but it does not affect my ability to go down stairs.
- C. I am able to go down stairs normally, but I need to rely on the use of a railing.
- D. I am able to go down stairs one step at a time with use of a railing.
- E. I have to use crutches or a cane to go down stairs.
- F. I cannot go down stairs.

13. **How does your knee affect your ability to stand?**

- A. My knee does not affect my ability to stand. I can stand for an unlimited amount of time.
- B. I have pain in my knee when standing, but it does not limit my ability to stand.
- C. Because of my knee I cannot stand for more than 1 hour.
- D. Because of my knee I cannot stand for more than 1/2 hour.
- E. Because of my knee I cannot stand for more than 10 minutes.
- F. I cannot stand because of my knee.

14. **How does your knee affect your ability to kneel on the front of your knee?**

- A. My knee does not affect my ability to kneel. I can kneel for an unlimited amount of time.
- B. I have pain when kneeling on the front of my knee, but it does not limit my ability to kneel.
- C. I cannot kneel on the front of my knee for more than one hour.
- D. I cannot kneel on the front of my knee for more than 1/2 an hour.
- E. I cannot kneel on the front of my knee for more than 10 minutes.
- F. I cannot kneel on the front of my knee.

15. **How does your knee affect your ability to squat?**

- A. My knee does not affect my ability to squat. I can squat all the way down.
- B. I have pain when squatting, but I can still squat all the way down.
- C. I cannot squat more than 3/4 of the way down.
- D. I cannot squat more than 1/2 of the way down.
- E. I cannot squat more than 1/4 of the way down.
- F. I cannot squat at all.

16. **How does your knee affect your ability to sit with your knee bent?**

- A. My knee does not affect my ability to sit with my knee bent. I can sit for unlimited amounts of time.
- B. I have pain when sitting with my knee bent, but it does not limit my ability to sit.
- C. I cannot sit with my knee bent for more than one hour.
- D. I cannot sit with my knee bent for more than one half hour.
- E. I cannot sit with my knee bent for more than 10 minutes.
- F. I cannot sit with my knee bent.

17. **How does your knee affect your ability to rise from a chair ?**

- A. My knee does not affect my ability to rise from a chair.
- B. I have pain when rising from the seated position, but it does not affect my ability to rise from a seated position.
- C. Because of my knee I can only rise from a chair if I use my hands and arms to assist.
- D. Because of my knee I cannot rise from a chair.