Wells Physical Therapy Knee Outcome Assessment Form

Symptoms: To What degree to each of the following symptoms affect your level of activity? Please check one answer

	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 activities
Pain	☐	☐	☐	☐	☐	☐
Stiffness	☐	☐	☐	☐	☐	☐
Swelling	☐	☐	☐	☐	☐	☐
Giving away, buckling or shifting	☐	☐	☐	☐	☐	☐
Weakness	☐	☐	☐	☐	☐	☐
Limping	☐	☐	☐	☐	☐	☐

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

	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	☐	☐	☐	☐	☐	☐
Squat	☐	☐	☐	☐	☐	☐
Sit with your knee bent	☐	☐	☐	☐	☐	☐
Rise from a chair	☐	☐	☐	☐	☐	☐