

Patient Name: _____ Date: _____

Knee Outcome Survey Sports Activities (SAS)

Symptoms: To what degree does each of the following symptoms affect your level of sports activity?
(check one answer on each line)

	(5)	(4)	(3)	(2)	(1)	(0)
	Never have	Have, but does not affect my sports activity	Affects sports activity slightly	Affects sports activity moderately	Affects sports activity severely	Prevents me from all sports activity
Pain						
Grinding or grating						
Stiffness						
Swelling						
Slipping or partial giving way of knee						
Buckling or full giving way of knee						
Weakness						

Column Total _____

Functional Limitations With Sports Activities: How does your knee affect your ability to: (check one answer on each line)

	(5) Not difficult at all	(4) Minimally difficult	(3) Somewhat difficult	(2) Fairly difficult	(1) Very difficult	(0) Unable to do
Run straight ahead						
Jump and land on your involved leg						
Stop and start quickly						
Cut and pivot on your involved leg						

Column Total _____

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 55 and multiplied by 100 for the SAS score. For example, if the individual places marks for 9 items in the first column, and 2 items in the second column the total points would be $9 \times 5 = 45$ points, plus $2 \times 4 = 8$ points, for a total of 53 points. The SAS score would then be $53/55 \times 100 = 96\%$.

Total Score: _____ % physical function

MEDICARE PATIENTS ONLY
100% - _____ % Function = _____ % Impairment

Patient Signature: _____ Date _____

Therapist Signature: _____ Date _____