## Sports Activity Scale

**Involved Knee**

<table>
<thead>
<tr>
<th>Right</th>
<th>Left</th>
</tr>
</thead>
</table>

**Date of Visit**

<table>
<thead>
<tr>
<th>mo</th>
<th>day</th>
<th>yr</th>
</tr>
</thead>
</table>

**Patient Name**

**Check the box which describes your level of sports activity before your original knee injury. Then, check the box which describes your level of sports activity at this time.**

### Sports Activity Scale

<table>
<thead>
<tr>
<th>Sports Activity</th>
<th>Before Injury</th>
<th>Current Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level I (participates 4-7 days/week)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jumping, hard pivoting, cutting (basketball, volleyball, football, gymnastics, soccer)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Running, twisting, turning (tennis, racquetball, handball, ice hockey, field hockey, skiing, wrestling)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No running, twisting, jumping (cycling, swimming)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level II (participates 1-3 days/week)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jumping, hard pivoting, cutting (basketball, volleyball, football, gymnastics, soccer)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Running, twisting, turning (tennis, racquetball, handball, ice hockey, field hockey, skiing, wrestling)</td>
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<td></td>
</tr>
<tr>
<td>No running, twisting, jumping (cycling, swimming)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level III (participates 1-3 times/month)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jumping, hard pivoting, cutting (basketball, volleyball, football, gymnastics, soccer)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Running, twisting, turning (tennis, racquetball, handball, ice hockey, field hockey, skiing, wrestling)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No running, twisting, jumping (cycling, swimming)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level IV (no sports)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I perform activities of daily living without problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have moderate problems with activities of daily living</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have severe problems with activities of daily living: on crutches, full disability</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Change in Sports Activities

**Check the box which best describes any change you have had in sports activities since your injury / surgery.**

My sports activities have:

- **Not Changed**
  - If yes, check one box below:
    - [ ] I have no / slight problems (c)
    - [ ] I have moderate / significant problems (d)

- **Decreased**
  - If yes, check one box below:
    - [ ] I now have no / slight problems (e)
    - [ ] I now have moderate / significant problems (d)
    - [ ] For reasons not related to my knee (g)

- **Stopped -- given up all sports**
  - If yes, check one box below:
    - [ ] I have moderate / significant problems when I play sports (f)
    - [ ] For reasons not related to my knee (g)

## Function ADL

**Check the box which you have during:**

1. **Walking**
   - check one box:
     - [ ] normal, unlimited
     - [ ] some limitations
     - [ ] only 3-4 blocks possible
     - [ ] less than 1 block; cane, crutch

2. **Stairs**
   - check one box:
     - [ ] normal, unlimited
     - [ ] some limitations
     - [ ] only 11-30 steps possible
     - [ ] only 1-10 steps possible

3. **Squatting / kneeling**
   - check one box:
     - [ ] normal, unlimited
     - [ ] some limitations
     - [ ] only 6-10 possible
     - [ ] only 0-5 possible

## Function Sports

**Check the box which you have during:**

1. **Straight running**
   - check one box:
     - [ ] fully competitive
     - [ ] some limitations, guarding
     - [ ] definite limitations, half speed
     - [ ] not able to do

2. **Jumping / landing on affected leg**
   - check one box:
     - [ ] fully competitive
     - [ ] some limitations, guarding
     - [ ] definite limitations, half speed
     - [ ] not able to do

3. **Hard twists / cuts / pivots**
   - check one box:
     - [ ] fully competitive
     - [ ] some limitations, guarding
     - [ ] definite limitations, half speed
     - [ ] not able to do

## Problems with Sports

**Describe the problems you would have with your knee after participating for one hour without guarding or limitations in each of the three sports categories below.**

- **Strenuous Sport** *(soccer, football, basketball, volleyball)*
  - check one box:
    - [ ] no problems
    - [ ] moderate problems during or after game
    - [ ] severe problems; cannot participate

- **Moderate Sport** *(tennis, racquetball)*
  - check one box:
    - [ ] no problems
    - [ ] moderate problems during or after game
    - [ ] severe problems; cannot participate

- **Light Sport** *(golf, bowling, hiking)*
  - check one box:
    - [ ] no problems
    - [ ] moderate problems during or after game
    - [ ] severe problems; cannot participate

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**Total Points**

**Highest Level (before injury) ____/ 100**

**Highest Level (current) ____/ 100**

**SCORES**

<table>
<thead>
<tr>
<th>Strenuous Sport</th>
<th>Moderate Sport</th>
<th>Light Sport</th>
</tr>
</thead>
<tbody>
<tr>
<td>check one box:</td>
<td>check one box:</td>
<td>check one box:</td>
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<tr>
<td>[ ] severe problems; cannot participate</td>
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</tr>
</tbody>
</table>

**Current Level: Level ______/ 3=_______**

**Before Injury Level: Level __________**

**Total Points: ____**

**Highest Level: (current) ____/ 100**

**Highest Level: (before injury) ____/ 100**