Karnofsky Scale: Please check the statement that best describes your current level of functioning. Please choose only one.	Your Answer	Score (For office use)
I feel normal: No complaints, no evidence of disease.		100
I am able to carry on normal activity with minor symptoms.		90
I carry on normal activity with effort and some symptoms.		80
I am able to care for myself, but unable to carry on normal activities.		70
I require occasional assistance but can care for most of my needs.		60
I require considerable assistance and frequent care by others.		50
l am disabled. I require considerable assistance and frequent care by others.		40
I am severely disabled. I am hospitalized, but death is not imminent		30
I am very sick. I require active supportive care by others.		20
I have fatal processes that are rapidly progressing. I am near death		10