KOOS KNEE SURVEY				
Todays date:		Date of bir	th:/	/
Name:				
information will h well you are able Answer every qu	elp us keep tra to do your uso estion by tickin are unsure abo	ey asks for your vince of how you fewal activities.  If the appropriate out how to answer	el about your k box, only <u>one</u> l	nee and how oox for each
Symptoms These questions the last week.	should be an	swered thinking c	of your knee sy	mptoms during
S1. Do you have sv Never □	velling in your k Rarely	nee? Sometimes □	Often	Always □
S2. Do you feel gri	nding, hear click	ing or any other typ	e of noise when y	our knee
Never	Rarely	Sometimes	Often	Always
S3. Does your knee Never □	e catch or hang u Rarely	p when moving? Sometimes □	Often	Always
S4. Can you straigl Always □	nten your knee fu Often □	ılly? Sometimes □	Rarely	Never
S5. Can you bend y Always □	your knee fully? Often □	Sometimes	Rarely	Never
experienced duri	ng the last we	n the amount of jek in your knee. ase with which yo	Stiffness is a se	ensation of
S6. How severe is None □	your knee joint s Mild □	tiffness after first wa Moderate	akening in the mo Severe	orning? Extreme

S7. How severe is your knee stiffness after sitting, lying or resting **later in the day**?

Moderate

Severe

Extreme

Mild

None

1

Pain P1. How often do you  Never  □	a experience l Monthly	knee pain? Weekly □	Daily	Always
What amount of kn following ativities?	•	ve you experienced	d the last week	during the
P2. Twisting/pivoting None □	on your knee Mild □	Moderate	Severe	Extreme
P3. Straightening kne None	ee fully Mild	Moderate	Severe	Extreme
P4. Bending knee ful None	ly Mild □	Moderate	Severe	Extreme
P5. Walking on flat s  None	urface Mild	Moderate	Severe	Extreme
P6. Going up or dow  None	n stairs Mild □	Moderate	Severe	Extreme
P7. At night while in None	bed Mild □	Moderate	Severe	Extreme
P8. Sitting or lying None □	Mild	Moderate	Severe	Extreme
P9. Standing upright None □	Mild	Moderate	Severe	Extreme
Function, daily living the following quest ability to move aroust activities please includes to y	itions conce und and to l dicate the d	ook after yourself.	For each of the	e following <sup>°</sup>
A1. Descending stairs  None	s Mild	Moderate	Severe	Extreme
A2. Ascending stairs None	Mild	Moderate	Severe	Extreme

For each of the following activities please indicate the degree of difficulty you have experienced in the **last week** due to your knee.

A3. Rising from sitti None	ing Mild	Moderate	Severe	Extreme
A4. Standing None □	Mild □	Moderate	Severe	Extreme
A5. Bending to floor  None	r/pick up an ob Mild	ject Moderate □	Severe	Extreme
A6. Walking on flat None □	surface Mild	Moderate	Severe	Extreme
A7. Getting in/out of None	f car Mild	Moderate	Severe	Extreme
A8. Going shopping  None  □	g Mild	Moderate	Severe	Extreme
A9. Putting on socks  None  □	s/stockings Mild	Moderate	Severe	Extreme
A10. Rising from be None □	ed Mild	Moderate	Severe	Extreme
A11. Taking off soc None □	ks/stockings Mild	Moderate	Severe	Extreme
A12. Lying in bed (t  None  □	urning over, m Mild	aintaining knee posi Moderate	Severe	Extreme
A13. Getting in/out on None	of bath Mild □	Moderate	Severe	Extreme
A14. Sitting None □	Mild	Moderate	Severe	Extreme
A15. Getting on/off None	toilet Mild	Moderate	Severe	Extreme

For each of the following activities please indicate the degree of difficulty you have experienced in the **last week** due to your knee.

A16. Heavy domes	tic duties (movin	g heavy boxes, scru	abbing floors, etc)	
None	Mild	Moderate	Severe	Extreme
A17. Light domest	ic duties (cooking Mild	g, dusting, etc)  Moderate	Severe	Extreme
Ц	Ц	Ц	Ц	Ц
Function, sports The following qu a higher level. T difficulty you hav	estions concer he questions s	n your physical f hould be answer	ed thinking of wl	nat degree o
SP1. Squatting None □	Mild □	Moderate	Severe	Extreme
SP2. Running None □	Mild □	Moderate  □	Severe	Extreme
SP3. Jumping None □	Mild □	Moderate	Severe	Extreme
SP4. Twisting/pivo None □	oting on your inju Mild	red knee Moderate	Severe	Extreme
SP5. Kneeling None	Mild	Moderate	Severe	Extreme
Quality of Life				
Q1. How often are Never	you aware of you  Monthly	ur knee problem? Weekly □	Daily	Constantly
Q2. Have you mod	ified your life sty	le to avoid potentia	lly damaging activi	ties
to your knee? Not at all	Mildly	Moderatly	Severely	Totally
Q3. How much are  Not at all	you troubled wit	th lack of confidence  Moderately	ce in your knee? Severely	Extremely
Q4. In general, hov None □	v much difficulty Mild □	do you have with y  Moderate	/our knee? Severe □	Extreme

Thank you very much for completing all the questions in this questionnaire.