KOOS KNEE SURVEY

Todays date: _____/_____/______ Date of birth: _____/_____/______

Name: ____________________________________________________

INSTRUCTIONS: This survey asks for your view about your knee. This information will help us keep track of how you feel about your knee and how well you are able to do your usual activities. Answer every question by ticking the appropriate box, only one box for each question. If you are unsure about how to answer a question, please give the best answer you can.

Symptoms
These questions should be answered thinking of your knee symptoms during the last week.

S1. Do you have swelling in your knee?

Never □ Rarely □ Sometimes □ Often □ Always □

S2. Do you feel grinding, hear clicking or any other type of noise when your knee moves?

Never □ Rarely □ Sometimes □ Often □ Always □

S3. Does your knee catch or hang up when moving?

Never □ Rarely □ Sometimes □ Often □ Always □

S4. Can you straighten your knee fully?

Always □ Often □ Sometimes □ Rarely □ Never □

S5. Can you bend your knee fully?

Always □ Often □ Sometimes □ Rarely □ Never □

Stiffness
The following questions concern the amount of joint stiffness you have experienced during the last week in your knee. Stiffness is a sensation of restriction or slowness in the ease with which you move your knee joint.

S6. How severe is your knee joint stiffness after first waking in the morning?

None □ Mild □ Moderate □ Severe □ Extreme □

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

None □ Mild □ Moderate □ Severe □ Extreme □
Pain
P1. How often do you experience knee pain?

Never [ ] Monthly [ ] Weekly [ ] Daily [ ] Always [ ]

What amount of knee pain have you experienced the last week during the following activities?

P2. Twisting/pivoting on your knee

None [ ] Mild [ ] Moderate [ ] Severe [ ] Extreme [ ]

P3. Straightening knee fully

None [ ] Mild [ ] Moderate [ ] Severe [ ] Extreme [ ]

P4. Bending knee fully

None [ ] Mild [ ] Moderate [ ] Severe [ ] Extreme [ ]

P5. Walking on flat surface

None [ ] Mild [ ] Moderate [ ] Severe [ ] Extreme [ ]

P6. Going up or down stairs

None [ ] Mild [ ] Moderate [ ] Severe [ ] Extreme [ ]

P7. At night while in bed

None [ ] 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 questions concern your physical function. By this we mean your ability to move around and to look after yourself. For each of the following activities please indicate the degree of difficulty you have experienced in the last week due to your knee.

A1. Descending stairs

None [ ] 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 sitting
   None  |  Mild  |  Moderate  |  Severe  |  Extreme
   □     | □      | □          | □        | □

A4. Standing
   None  |  Mild  |  Moderate  |  Severe  |  Extreme
   □     | □      | □          | □        | □

A5. Bending to floor/pick up an object
   None  |  Mild  |  Moderate  |  Severe  |  Extreme
   □     | □      | □          | □        | □

A6. Walking on flat surface
   None  |  Mild  |  Moderate  |  Severe  |  Extreme
   □     | □      | □          | □        | □

A7. Getting in/out of car
   None  |  Mild  |  Moderate  |  Severe  |  Extreme
   □     | □      | □          | □        | □

A8. Going shopping
   None  |  Mild  |  Moderate  |  Severe  |  Extreme
   □     | □      | □          | □        | □

A9. Putting on socks/stockings
   None  |  Mild  |  Moderate  |  Severe  |  Extreme
   □     | □      | □          | □        | □

A10. Rising from bed
    None  |  Mild  |  Moderate  |  Severe  |  Extreme
   □     | □      | □          | □        | □

A11. Taking off socks/stockings
    None  |  Mild  |  Moderate  |  Severe  |  Extreme
   □     | □      | □          | □        | □

A12. Lying in bed (turning over, maintaining knee position)
    None  |  Mild  |  Moderate  |  Severe  |  Extreme
   □     | □      | □          | □        | □

A13. Getting in/out of bath
    None  |  Mild  |  Moderate  |  Severe  |  Extreme
   □     | □      | □          | □        | □

A14. Sitting
    None  |  Mild  |  Moderate  |  Severe  |  Extreme
   □     | □      | □          | □        | □

A15. Getting on/off toilet
    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.

A16. Heavy domestic duties (moving heavy boxes, scrubbing floors, etc)

- None
- Mild
- Moderate
- Severe
- Extreme

A17. Light domestic duties (cooking, dusting, etc)

- None
- Mild
- Moderate
- Severe
- Extreme

Function, sports and recreational activities
The following questions concern your physical function when being active on a higher level. The questions should be answered thinking of what degree of difficulty you have experienced during the last week due to your knee.

SP1. Squatting

- None
- Mild
- Moderate
- Severe
- Extreme

SP2. Running

- None
- Mild
- Moderate
- Severe
- Extreme

SP3. Jumping

- None
- Mild
- Moderate
- Severe
- Extreme

SP4. Twisting/pivoting on your injured knee

- None
- Mild
- Moderate
- Severe
- Extreme

SP5. Kneeling

- None
- Mild
- Moderate
- Severe
- Extreme

Quality of Life

Q1. How often are you aware of your knee problem?

- Never
- Monthly
- Weekly
- Daily
- Constantly

Q2. Have you modified your lifestyle to avoid potentially damaging activities to your knee?

- Not at all
- Mildly
- Moderately
- Severely
- Totally

Q3. How much are you troubled with lack of confidence in your knee?

- Not at all
- Mildly
- Moderately
- Severely
- Extremely

Q4. In general, how much difficulty do you have with your knee?

- None
- Mild
- Moderate
- Severe
- Extreme

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