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KOOS KNEE SURVEY					
Today's date:		Date of b	irth:/	/	
Name:					
nformation will h well you are able Answer every qu	nelp us keep t to perform yo uestion by tick are unsure ab	rack of how you ur usual activitie: ing the appropri	ı feel about yo s. iate box, only	t your knee. This our knee and how one box for each n, please give the	v h
Symptoms These questions the last week.	should be an	swered thinking	of your knee	symptoms during	3
S1. Do you have so Never	welling in your larely	knee? Sometimes	Often	Always	
S2. Do you feel grimoves? Never	inding, hear clic Rarely	Sometimes	type of noise who Often	hen your knee Always	
S3. Does your knee Never	e catch or hang Rarely	up when moving? Sometimes	Often	Always	
S4. Can you straig Always	hten your knee to Often	fully? Sometimes	Rarely	Never	
S5. Can you bend you have Always	your knee fully? Often	Sometimes	Rarely	Never	
	ing the last v	veek in your kr	nee. Stiffness	iffness you have is a sensation o knee joint.	
S6. How severe is None	your knee joint Mild	stiffness after first Moderate	t wakening in th Severe	e morning? Extreme	
S7. How severe is None	your knee stiffn Mild □	ness after sitting, ly Moderate	ying or resting la Severe	ater in the day? Extreme	

Pain Pl. How often do	vou avnariana	a knoo noin?			
P1. How often do Never	Monthly	Weekly	Daily	Always	
What amount of		nave you experie	enced the last	week during th	е
P2. Twisting/pivo	oting on your kr Mild	Moderate	Severe	Extreme	
P3. Straightening None	knee fully Mild	Moderate	Severe	Extreme	
P4. Bending knee None	fully Mild	Moderate	Severe	Extreme	
P5. Walking on fl None	at surface Mild	Moderate	Severe	Extreme	
P6. Going up or d None	own stairs Mild	Moderate	Severe	Extreme	
P7. At night while None	e in bed Mild	Moderate	Severe	Extreme	
P8. Sitting or lyin None	g Mild	Moderate	Severe	Extreme	
P9. Standing uprig	ght Mild	Moderate	Severe	Extreme	
ability to move	uestions conc around and indicate the	ern your physica to look after you degree of difficu	ırself. For eac	h of the followin	g
A1. Descending s None	tairs Mild	Moderate	Severe	Extreme	
A2. Ascending sta	airs 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.

Rising from sitting None	g Mild □	Moderate	Severe	Extreme
Standing None	Mild	Moderate	Severe	Extreme
Bending to floor/p None	oick up an objec Mild	et Moderate	Severe	Extreme
Walking on flat su None □	irface Mild	Moderate	Severe	Extreme
Getting in/out of on None	ear Mild	Moderate	Severe	Extreme
Going shopping None	Mild	Moderate	Severe	Extreme
Putting on socks/s None	tockings Mild	Moderate	Severe	Extreme
Rising from bed None	Mild	Moderate	Severe	Extreme
Taking off socks	/stockings Mild	Moderate	Severe	Extreme
Lying in bed (tur None	rning over, main Mild	ntaining knee posit Moderate	ion) Severe	Extreme
Getting in/out of None	bath Mild	Moderate	Severe	Extreme
Sitting None	Mild	Moderate	Severe	Extreme
Getting on/off to None	ilet 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 dome None	estic duties (mo Mild	wing heavy boxes, Moderate	scrubbing floors Severe	etc) Extreme
A17. Light domes None	stic duties (cool Mild	King, dusting, etc) Moderate	Severe	Extreme
The following que higher level. The	uestions conc ne questions		ered thinking o	being active on a of what degree of our knee.
SP1. Squatting None	Mild	Moderate	Severe	Extreme
SP2. Running None	Mild	Moderate	Severe	Extreme
SP3. Jumping None	Mild	Moderate	Severe	Extreme
SP4. Twisting/piv None	oting on your i Mild	njured knee Moderate	Severe	Extreme
SP5. Kneeling None	Mild	Moderate	Severe	Extreme
Quality of Life				
Q1. How often ar Never	e you aware of Monthly	your knee problem Weekly	? Daily	Constantly
_	•	style to avoid pote	ntially damaging	g activities
to your knee? Not at all	Mildly	Moderately	Severely	Totally
Q3. How much an Not at all	re you troubled Mildly	with lack of confid Moderately	ence in your kne Severely	ee? Extremely
Q4. In general, ho None	ow much diffict Mild	ulty do you have wi Moderate	th your knee? Severe	Extreme

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