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 wakening 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?

<table>
<thead>
<tr>
<th>Never</th>
<th>Monthly</th>
<th>Weekly</th>
<th>Daily</th>
<th>Always</th>
</tr>
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</table>

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

P2. Twisting/pivoting on your knee

<table>
<thead>
<tr>
<th>None</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
<th>Extreme</th>
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</table>

P3. Straightening knee fully

<table>
<thead>
<tr>
<th>None</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
<th>Extreme</th>
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</table>

P4. Bending knee fully

<table>
<thead>
<tr>
<th>None</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
<th>Extreme</th>
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</table>

P5. Walking on flat surface

<table>
<thead>
<tr>
<th>None</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
<th>Extreme</th>
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P6. Going up or down stairs

<table>
<thead>
<tr>
<th>None</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
<th>Extreme</th>
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</table>

P7. At night while in bed

<table>
<thead>
<tr>
<th>None</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
<th>Extreme</th>
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</table>

P8. Sitting or lying

<table>
<thead>
<tr>
<th>None</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
<th>Extreme</th>
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P9. Standing upright

<table>
<thead>
<tr>
<th>None</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
<th>Extreme</th>
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**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

<table>
<thead>
<tr>
<th>None</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
<th>Extreme</th>
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A2. Ascending stairs

<table>
<thead>
<tr>
<th>None</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
<th>Extreme</th>
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</table>
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

None  Mild  Moderate  Severe  Extreme

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

None  Mild  Moderate  Severe  Extreme

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

None  Mild  Moderate  Severe  Extreme

SP2. Running

None  Mild  Moderate  Severe  Extreme

None  Mild  Moderate  Severe  Extreme

SP3. Jumping

None  Mild  Moderate  Severe  Extreme

None  Mild  Moderate  Severe  Extreme

SP4. Twisting/pivoting on your injured knee

None  Mild  Moderate  Severe  Extreme

None  Mild  Moderate  Severe  Extreme

SP5. Kneeling

None  Mild  Moderate  Severe  Extreme

None  Mild  Moderate  Severe  Extreme

Quality of Life

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

Never  Monthly  Weekly  Daily  Constantly

Never  Monthly  Weekly  Daily  Constantly

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

Not at all  Mildly  Moderately  Severely  Totally

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

Not at all  Mildly  Moderately  Severely  Extremely

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

None  Mild  Moderate  Severe  Extreme

None  Mild  Moderate  Severe  Extreme

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