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KOOS KNEE SURVEY				
Today's date:		/ Date of b		/
Name:				
information will well you are ab Answer every	help us keep le to perform y question by tid are unsure a	track of how you our usual activitie cking the appropr	u feel about yo s. iate box, only	t your knee. This our knee and how one box for each n, please give the
Symptoms These question the last week.	s should be a	answered thinking	of your knee	symptoms during
S1. Do you have Never	swelling in you Rarely		Often	Always
S2. Do you feel g moves? Never	grinding, hear cl Rarely	icking or any other Sometimes	often	hen your knee Always
S3. Does your kn	Rarely	g up when moving? Sometimes	Often	Always
S4. Can you strai	ghten your knee Often	e fully? Sometimes	Rarely	Never
S5. Can you bend Always	l your knee full Often	y? Sometimes	Rarely	Never
experienced du	ring the last		nee. Stiffness	iffness you have is a sensation of knee joint.
S6. How severe i	s your knee joir Mild	at stiffness after firs Moderate	t wakening in th Severe	e morning? Extreme
S7. How severe i	s your knee stif Mild	fness after sitting, l Moderate	ying or resting l Severe	ater in the day? Extreme

Pain P1. How often do	vou experience	knee nain?		
Never	Monthly	Weekly	Daily	Always
What amount of following activities		have you experie	enced the last	week during the
P2. Twisting/pivon	ting 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 fla None	at surface Mild	Moderate	Severe	Extreme
P6. Going up or do None	own stairs Mild	Moderate	Severe	Extreme
P7. At night while None	in bed Mild	Moderate	Severe	Extreme
P8. Sitting or lying None	g Mild	Moderate	Severe	Extreme
P9. Standing uprig None	ght Mild	Moderate	Severe	Extreme
ability to move	estions conc around and indicate the	to look after you	ırself. For eac	his we mean your h of the following experienced in the
A1. Descending st	eairs Mild	Moderate	Severe	Extreme
A2. Ascending sta	irs 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 s None	sitting Mild	Moderate	Severe	Extreme
A4. Standing None	Mild	Moderate	Severe	Extreme
A5. Bending to flow None	oor/pick up an Mild	object Moderate	Severe	Extreme
A6. Walking on f None	lat surface Mild	Moderate	Severe	Extreme
A7. Getting in/ou None	t of car Mild	Moderate	Severe	Extreme
A8. Going shoppi None □	ing Mild	Moderate	Severe	Extreme
A9. Putting on so None	cks/stockings Mild	Moderate	Severe	Extreme
A10. Rising from None	bed Mild	Moderate	Severe	Extreme
A11. Taking off s None	socks/stockings Mild	Moderate	Severe	Extreme
A12. Lying in bed None	d (turning over, Mild	, maintaining knee j Moderate	position) Severe	Extreme
A13. Getting in/o None	ut of bath Mild	Moderate	Severe	Extreme
A14. Sitting None	Mild	Moderate	Severe	Extreme
A15. Getting on/o	off 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 dome None	estic duties (mo Mild	wing heavy boxes, a 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.