

KOOS, JR. KNEE SURVEY

INSTRUCTIONS: This questionnaire 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. Please respond to ALL questions. For questions related to activities that you choose to avoid, cannot perform, or have been instructed by a medical professional to avoid, please select the response of "Extreme."

Stiffness

The following question concerns 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.

1. How severe is your knee stiffness after first wakening in the morning?

None Mild Moderate Severe Extreme

Pain

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

2. Twisting/pivoting on your knee

None Mild Moderate Severe Extreme

3. Straightening knee fully

None Mild Moderate Severe Extreme

4. Going up or down stairs

None Mild Moderate Severe Extreme

5. 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.

6. Rising from sitting

None Mild Moderate Severe Extreme

7. Bending to floor/pick up an object

None Mild Moderate Severe Extreme