

KOOS KNEE SURVEY

NAME: _____ DATE: _____

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 perform your usual activities. Answer every question by circling the appropriate number, only one number for each. If you are unsure about how to answer, please give the best answer you can.

SYMPTOMS: These questions should be answered about your knee symptoms during the last week?		NEVER	RARELY	SOMETIMES	OFTEN	ALWAYS
S1	Do you have swelling in your knee?	0	1	2	3	4
S2	Do you feel grinding, hear clicking or any other type of noise when your knee moves?	0	1	2	3	4
S3	Does your knee catch or hang up when moving?	0	1	2	3	4
S4	Can you straighten your knee fully?	0	1	2	3	4
S5	Can you bend your knee fully?	0	1	2	3	4
STIFFNESS: These questions concern the amount of joint stiffness you have experienced during the last week? (Stiffness is a sensation of restriction or slowness in the ease of movement)		NONE	MILD	MODERATE	SEVERE	EXTREME
S6	How severe is your knee joint stiffness after first wakening in the morning?	0	1	2	3	4
S7	How severe is your knee stiffness after sitting, lying or resting later in the day?	0	1	2	3	4
P1	How often do you experience knee pain? (circle appropriate response)	NEVER	MONTHLY	WEEKLY	DAILY	ALWAYS
To be completed by therapist: 100 - (TOTAL SCORE X 100/28) SYMPTOMS SCORE:						
PAIN: What amount of knee pain have you experienced the last week during the following activities?		NONE	MILD	MODERATE	SEVERE	EXTREME
P2	Twisting/pivoting on your knee	0	1	2	3	4
P3	Straightening knee fully	0	1	2	3	4
P4	Bending knee fully	0	1	2	3	4
P5	Walking on flat surface	0	1	2	3	4
P6	Going up or down stairs	0	1	2	3	4
P7	At night while in bed	0	1	2	3	4
P8	Sitting or lying	0	1	2	3	4
P9	Standing upright	0	1	2	3	4
To be completed by therapist: 100 - (TOTAL SCORE X 100/36) PAIN SCORE:						
FUNCTION/DAILY LIVING: These questions concern your ability to move around and to look after yourself. Please indicate the degree of difficulty you have experienced in the last week?		NONE	MILD	MODERATE	SEVERE	EXTREME
A1	Descending stairs	0	1	2	3	4
A2	Ascending stairs	0	1	2	3	4
A3	Rising from sitting	0	1	2	3	4
A4	Standing	0	1	2	3	4
A5	Bending to floor/pick up object	0	1	2	3	4
A6	Walking on flat surface	0	1	2	3	4
A7	Getting in/out of car	0	1	2	3	4
A8	Going shopping	0	1	2	3	4
A9	Putting on socks/stockings	0	1	2	3	4
A10	Rising from bed	0	1	2	3	4
A11	Taking off socks/stockings	0	1	2	3	4

KOOS KNEE SURVEY, continued

FUNCTION/DAILY LIVING: These questions concern your ability to move around and to look after yourself. Please indicate the degree of difficulty you have experienced in the last week?		NONE	MILD	MODERATE	SEVERE	EXTREME
A1	Descending stairs	0	1	2	3	4
A2	Ascending stairs	0	1	2	3	4
A3	Rising from sitting	0	1	2	3	4
A4	Standing	0	1	2	3	4
A5	Bending to floor/pick up object	0	1	2	3	4
A6	Walking on flat surface	0	1	2	3	4
A7	Getting in/out of car	0	1	2	3	4
A8	Going shopping	0	1	2	3	4
A9	Putting on socks/stockings	0	1	2	3	4
A10	Rising from bed	0	1	2	3	4
A11	Taking off socks/stockings	0	1	2	3	4
A12	Lying in bed (turning over, maintaining knee position)	0	1	2	3	4
A13	Getting in/out of bath	0	1	2	3	4
A14	Sitting or lying	0	1	2	3	4
A15	Getting on/off toilet	0	1	2	3	4
A16	Heavy domestic duties (moving heavy boxes, scrubbing floors, etc.)	0	1	2	3	4
A17	Light domestic duties (cooking, dusting, etc.)	0	1	2	3	4
To be completed by therapist: 100 – (TOTAL SCORE X 100/68) ADL SCORE:						
FUNCTION, SPORTS & 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 the last week due to your knee.		NONE	MILD	MODERATE	SEVERE	EXTREME
SP1	Squatting	0	1	2	3	4
SP2	Running	0	1	2	3	4
SP3	Jumping	0	1	2	3	4
SP4	Twisting/pivoting on your injured knee	0	1	2	3	4
SP5	Kneeling	0	1	2	3	4
To be completed by therapist: 100 – (TOTAL SCORE X 100/20) SPORTS SCORE:						