KNEE INJURY AND OSTEOARTHRITIS OUTCOME SCORE (KOOS)

Patient Name: ______________________________ Date: ______________________

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 you usual activities
Answer every question by ticking the appropriate box. 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 noice when you 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?				
☐ Never	☐ Rarely	☐ Sometimes	☐ Often	☐ Always
S5. Can you bend your knee fully?				
☐ Never	☐ Rarely	☐ Sometimes	☐ Often	☐ Always

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?				
☐ Never	☐ Monthly	☐ Weekly	☐ Daily	☐ Always
P2. Twisting/pivoting on your knee				
☐ Never	☐ Monthly	☐ Weekly	☐ Daily	☐ Always
P3. Straightening knee fully				
☐ Never	☐ Monthly	☐ Weekly	☐ Daily	☐ Always
P4. Bending knee fully				
☐ Never	☐ Monthly	☐ Weekly	☐ Daily	☐ Always
P5. Walking on flat surface				
☐ Never	☐ Monthly	☐ Weekly	☐ Daily	☐ Always
P6. Going up or down stairs				
☐ Never	☐ Monthly	☐ Weekly	☐ Daily	☐ Always

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P7. At night while in bed				
☐ Never	☐ Monthly	☐ Weekly	☐ Daily	☐ Always
P8. Sitting or lying				
☐ Never	☐ Monthly	☐ Weekly	☐ Daily	☐ Always
P9. Standing upright				
☐ Never	☐ Monthly	☐ Weekly	☐ Daily	☐ Always

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				
☐ None	☐ Mild	☐ Moderate	☐ Severe	☐ Extreme
A2. Ascending stairs				
☐ None	☐ Mild	☐ Moderate	☐ Severe	☐ Extreme
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

A16. Heavy domestic duties (moving heavy boxes, scrubbing floors, ect.)				
□ None	□ Mild	□ Moderate	□ Severe	□ Extreme
A17. Light domestic duties (cooking, dusting, ect.)				
□ 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
SP2. Running				
□ None	□ Mild	□ Moderate	□ Severe	□ Extreme
SP3. Jumping				
□ None	□ Mild	□ Moderate	□ Severe	□ Extreme
SP4. Twisting/pivoting on your injured knee				
□ None	□ Mild	□ Moderate	□ Severe	□ Extreme
SP5. Kneeling				
□ None	□ Mild	□ Moderate	□ Severe	□ Extreme

Quality of Life				
Q1. How often are you aware of your knee problem?				
□ Never	□ Monthly	□ Weekly	□ Daily	□ Constantly
Q2. Have you modified your lifestyle to avoid potentially damaging activities to your knee?				
□ Never	□ Monthly	□ Weekly	□ Daily	□ Constantly
Q3. How much are you troubled with lack of confidence in your knee?				
□ Never	□ Monthly	□ Weekly	□ Daily	□ Constantly
Q4. In general, how much difficulty do you have with your knee?				
□ Never	□ Monthly	□ Weekly	□ Daily	□ Constantly