

Patient Name: _____

KOOS, JR KNEE SURVEY

Instructions: This survey asks for your view about your knee. Please try to answer each question, even if you do not think it is related to you at this time. Try to complete as much as you can yourself, but if you need help, please ask. There are no right or wrong answers. Please answer exactly as you think or feel. Thank you.

Please check (✓) the **ONE** best answer for your abilities at this time:

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 awakening in the morning?
- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| None | Mild | Moderate | Severe | Extreme |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
3. Straightening knee fully
- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| None | Mild | Moderate | Severe | Extreme |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
4. Going up or down stairs
- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| None | Mild | Moderate | Severe | Extreme |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
5. Standing upright
- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| None | Mild | Moderate | Severe | Extreme |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
7. Bending to floor/pick up an object
- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| None | Mild | Moderate | Severe | Extreme |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

For Office	Use Only
Raw Score	Interval Score
0	100.000
1	91.975
2	84.600
3	79.914
4	76.332
5	73.342
6	70.704
7	68.284
8	65.994
9	63.776
10	61.583
11	59.381
12	57.140
13	54.840
14	52.465
15	50.012
16	47.487
17	44.905
18	42.281
19	39.625
20	36.931
21	34.174
22	31.307
23	28.251
24	24.875
25	20.941
26	15.939
27	8.291
28	0.000

Score: 0 – 4 (None to Extreme respectively). The interval score ranges from 0 to 100; where 0 represents total knee disability and 100 represents perfect knee health.