KOOS, JR. KNEE SURVEY

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 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.

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
   □                        □                        □                        □                        □