

# Knee Injury and Osteoarthritis Outcome Score(KOOS)

**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. 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 noise when your 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?

- Always  Often  Sometimes  Rarely  Never

S5. Can you bend your knee fully ?

- Always  Often  Sometimes  Rarely  Never

**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

Subtotal:

## Pain

P1. How often do you experience knee pain?

- Never  Monthly  Weekly  Daily  Always

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

P2. Twisting/pivoting on your knee

- None  Mild  Moderate  Severe  Extreme

P3. Straightening knee fully

- None  Mild  Moderate  Severe  Extreme

P4. Bending knee fully

- None  Mild  Moderate  Severe  Extreme

P5. Walking on flat surface

- None  Mild  Moderate  Severe  Extreme

P6. Going up or down stairs

- None  Mild  Moderate  Severe  Extreme

P7. At night while in bed

- None  Mild  Moderate  Severe  Extreme

P8. Sitting or lying

None  Mild  Moderate  Severe  Extreme

P9. Standing upright

None  Mild  Moderate  Severe  Extreme

Subtotal:

**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

For each of the following activities please indicate the degree of difficulty you have experienced in the **last week** due to your knee.

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

For each of the following activities please indicate the degree of difficulty you have experienced in the **last week** due to your knee

A16. Heavy domestic duties (moving heavy boxes, scrubbing floors, etc)

None  Mild  Moderate  Severe  Extreme

A17. Light domestic duties (cooking, dusting, etc)

None  Mild  Moderate  Severe  Extreme

Subtotal:

**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

Subtotal:

### Quality of Life

Q1. How often are you aware of your knee problem?

Never  Monthly  Weekly  Daily  Constantly

Q2. Have you modified your life style to avoid potentially damaging activities to your knee?

Not at all  Mildly  Moderately  Severely  Totally

Q3. How much are you troubled with lack of confidence in your knee?

Not at all  Mildly  Moderately  Severely  Extremely

Q4. In general, how much difficulty do you have with your knee?

None  Mild  Moderately  Severe  Extreme

Subtotal: