



Knee injury and Osteoarthritis Outcome Score for Joint Replacement (KOOS, JR.)

English version 2.0

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

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 in 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
------	------	----------	--------	---------

(Continue on next page for *Function, daily living*)

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