

KOOS**KOOS 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 perform 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 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?

S2. Do you feel grinding, hear clicking or any other type of noise when your knee moves?

S3. Does your knee catch or hang up when moving?

S4. Can you straighten your knee fully?

S5. Can you bend your knee fully?

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 the ease with which you move your knee joint.

S6. How severe is your knee joint stiffness after first wakening in the morning?

S7. How severe is your knee stiffness after sitting, lying or resting later in the day?

Pain

P1. How often do you experience knee pain?

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

P2. Twisting/pivoting on your knee

P3. Straightening knee fully

P4. Bending knee fully

P5. Walking on flat surface

P6. Going up or down stairs**P7. At night while in bed****P8. Sitting or lying****P9. Standing upright**

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

A1. Descending stairs**A2. Ascending stairs**

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**A4. Standing****A5. Bending to floor/pick up an object****A6. Walking on flat surface****A7. Getting in/out of car****A8. Going shopping****A9. Putting on socks/stockings****A10. Rising from bed****A11. Taking off socks/stockings****A12. Lying in bed (turning over, maintaining knee position)**

A13. Getting in/out of bath**A14. Sitting****A15. Getting on/off toilet**

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

Function, sports and recreational activities The following questions concern your physical function when being active on a higher level. The questions should be answered on a scale of 0 to 10, where 0 indicates no difficulty at all and 10 indicates the greatest difficulty imaginable.

SP1. Squatting**SP2. Running****SP3. Jumping****SP4. Twisting/pivoting on your injured knee****SP5. Kneeling****Quality of Life****Q1. How often are you aware of your knee problem?****Q2. Have you modified your life style to avoid potentially damaging activities to your knee?****Q3. How much are you troubled with lack of confidence in your knee?****Q4. In general, how much difficulty do you have with your knee?**

Comment:

Anwering date:

Day

0

Month

0

Year

0

submit