

## KNEE INJURY & OSTEOARTHRITIS OUTCOME SCORE (KOOS)

CHOOSE 1 ANSWER FROM EACH SECTION BASED ON HOW YOU HAVE FELT IN THE LAST WEEK

SYMPTOMS	Never	Rarely	Sometimes	Often	Always
S1. Do you ever have swelling in your knee?					
S2. Do you ever 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** is a sensation of restriction or slowness in the ease with which you move your joints.

STIFFNESS	None	Mild	Moderate	Severe	Extreme
S6. How severe is your joint stiffness after first waking up in the morning?					
S7. How severe is your stiffness after sitting, lying, or resting later in the day?					

PAIN	Never	Monthly	Weekly	Daily	Always
P1. How often do you experience knee pain?					

PAIN	None	Mild	Moderate	Severe	Extreme
P2. Twisting / pivoting on your knee					
P3. Straightening the knee fully					
P4. Bending the knee fully					
P5. Walking on a flat surface					
P6. Going up or down stairs					
P7. At night while in bed					
P8. Sitting or lying					
P9. Standing upright					

**PHYSICAL FUNCTION** is your ability to move around and to look after yourself.

PHYSICAL FUNCTION	None	Mild	Moderate	Severe	Extreme
A1. Descending stairs					
A2. Ascending stairs					
A3. Rising from sitting					
A4. Standing					

A5. Bending to the floor / pick up an object					
A6. Walking on a flat surface					
A7. Getting in / out of a car					
A8. Going shopping					
A9. Putting on socks / stockings					
A10. Rising from bed					

<b>PHYSICAL FUNCTION (continued)</b>	<b>None</b>	<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>	<b>Extreme</b>
A11. Taking off socks / stockings					
A12. Lying in bed (turning over, maintaining knee position)					
A13. Getting in / out of the bath					
A14. Sitting					
A15. Getting on / off the toilet					
A16. Heavy domestic duties (shoveling snow, scrubbing floors, etc)					
A17. Light domestic duties (cooking, dusting					

**FUNCTION, SPORTS, AND RECREATIONAL ACTIVITIES** concern your physical function when being active on a higher level.

<b>FUNCTION, SPORTS, RECREATIONAL ACTIVITIES</b>	<b>None</b>	<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>	<b>Extreme</b>
SP1. Squatting					
SP2. Running					
SP3. Jumping					
SP4. Twisting / pivoting on the injured knee					
SP5. Kneeling					

<b>QUALITY OF LIFE</b>	<b>Never</b>	<b>Monthly</b>	<b>Weekly</b>	<b>Daily</b>	<b>Constantly</b>
Q1. How often are you aware of your knee problem					

	<b>Not at all</b>	<b>Mildly</b>	<b>Moderately</b>	<b>Severely</b>	<b>Totally</b>
Q2. Have you modified your lifestyle to avoid potentially damaging activities to your knee?					
Q3. How much are you troubled with lack of confidence in your knee?					

	<b>None</b>	<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>	<b>Extreme</b>
Q4. In general, how much difficulty do you have with your knee?					

