



Knee disability and Osteoarthritis Outcome Score (KOOS)

DATE: _____

PATIENT: _____

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 checking 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.

SYMPTOMS.

These questions should be answered by thinking about 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 or hear clicking or any other types 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 Unable

STIFFNESS.

The following questions concern the amount of joint stiffness you have experienced during the **last week** in your knees. Stiffness is the sensation of restriction or slowness in the ease with which you move your knee joint.

- S6 How severe is your knee joint stiffness after 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

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 in bed? None Mild Moderate Severe Extreme
- P8 Sitting or lying? None Mild Moderate Severe Extreme
- P9 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 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.

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|-----|---|----------------------------|----------------------------|--------------------------------|------------------------------|-------------------------------|
| A1 | Descending stairs? | <input type="radio"/> None | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | <input type="radio"/> Extreme |
| A2 | Ascending stairs? | <input type="radio"/> None | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | <input type="radio"/> Extreme |
| A3 | Rising from sitting? | <input type="radio"/> None | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | <input type="radio"/> Extreme |
| A4 | Standing? | <input type="radio"/> None | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | <input type="radio"/> Extreme |
| A5 | Bending to floor or picking up an object? | <input type="radio"/> None | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | <input type="radio"/> Extreme |
| A6 | Walking on flat surface? | <input type="radio"/> None | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | <input type="radio"/> Extreme |
| A7 | Getting in/out of car? | <input type="radio"/> None | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | <input type="radio"/> Extreme |
| A8 | Going shopping? | <input type="radio"/> None | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | <input type="radio"/> Extreme |
| A9 | Putting on socks/stockings? | <input type="radio"/> None | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | <input type="radio"/> Extreme |
| A10 | Rising from bed? | <input type="radio"/> None | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | <input type="radio"/> Extreme |
| A11 | Taking off socks/stockings? | <input type="radio"/> None | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | <input type="radio"/> Extreme |
| A12 | Lying in bed (turning over, maintaining knee position)? | <input type="radio"/> None | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | <input type="radio"/> Extreme |
| A13 | Getting in/out of bath? | <input type="radio"/> None | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | <input type="radio"/> Extreme |
| A14 | Sitting? | <input type="radio"/> None | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | <input type="radio"/> Extreme |

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

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|-----|--|----------------------------|----------------------------|--------------------------------|------------------------------|-------------------------------|
| A15 | Getting on/off toilet? | <input type="radio"/> None | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | <input type="radio"/> Extreme |
| A16 | Heavy domestic duties (moving heavy boxes, scrubbing floors, etc)? | <input type="radio"/> None | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | <input type="radio"/> Extreme |
| A17 | Light domestic duties (cooking, dusting, etc)? | <input type="radio"/> None | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | <input type="radio"/> Extreme |

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.

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|-----|---|----------------------------|----------------------------|--------------------------------|------------------------------|-------------------------------|
| SP1 | Squatting? | <input type="radio"/> None | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | <input type="radio"/> Extreme |
| SP2 | Running? | <input type="radio"/> None | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | <input type="radio"/> Extreme |
| SP3 | Jumping? | <input type="radio"/> None | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | <input type="radio"/> Extreme |
| SP4 | Twisting/pivoting on your injured knee? | <input type="radio"/> None | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | <input type="radio"/> Extreme |
| SP5 | Kneeling: | <input type="radio"/> None | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | <input type="radio"/> Extreme |

QUALITY OF LIFE.

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|----|---|----------------------------------|-------------------------------|----------------------------------|--------------------------------|---------------------------------|
| Q1 | How often are you aware of your knee problem? | <input type="radio"/> Never | <input type="radio"/> Monthly | <input type="radio"/> Weekly | <input type="radio"/> Daily | <input type="radio"/> Always |
| Q2 | Have you modified your life style to avoid potentially damaging activities? | <input type="radio"/> Not at all | <input type="radio"/> Mildly | <input type="radio"/> Moderately | <input type="radio"/> Severely | <input type="radio"/> Totally |
| Q3 | How much are you troubled with lack of confidence in your knee? | <input type="radio"/> Not at all | <input type="radio"/> Mildly | <input type="radio"/> Moderately | <input type="radio"/> Severely | <input type="radio"/> Extremely |
| Q4 | In general, how much difficulty do you have with your knee? | <input type="radio"/> Not at all | <input type="radio"/> Mildly | <input type="radio"/> Moderately | <input type="radio"/> Severely | <input type="radio"/> Extremely |

Thank you very much for completing all the questions in this questionnaire.

Reference for Score: Roos EM, Roos HP, Lohmander LS, Ekdahl C, Beynnon BD. Knee Injury and Osteoarthritis Outcome Score (KOOS)--development of a self-administered outcome measure. J Orthop Sports Phys Ther. 1998 Aug;28(2):88-96.