



# KOOS, JR. KNEE SURVEY

PATIENT \_\_\_\_\_

DATE \_\_\_\_\_

## INSTRUCTIONS

This survey is designed to evaluate your opinion of your knee. This information will track how you feel about your knee as well as your ability to do typical activities.

Answer every question by checking the appropriate box, *only one box for each question*. If you are unsure, just give the best answer possible.

## INSTRUCTIONS

The following question concerns 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 at which you move your knee joint.

### 1. HOW SEVERE IS YOUR KNEE STIFFNESS AFTER FIRST WAKING 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

## FUNCTION, DAILY LIVING

The following questions concern your physical function or 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.

### 6. RISING FROM SITTING

None

Mild

Moderate

Severe

Extreme

### 7. BENDING TO FLOOR/PICKING UP AN OBJECT

None

Mild

Moderate

Severe

Extreme