| KOOS KNEE SURVEY | | | | | |
|--------------------------------|--|--|--|--|--|
| Today's date:/ Date of birth:/ | | | | | |
| Name: | | | | | |
| INSTRUCTIONS: | | | | | |

| Knee injury and Osteoarthritis Outcome Score (KOOS), English Version LK1.0 | | | | | | |
|--|------------------------------|-----------------------------|----------------|-------------------|--|--|
| Pain P1. How often do you Never i | ou experienc Monthly İ | e knee pain? Weekly İ | Daily İ | Always İ | | |
| What amount of following activities | • | have you experie | enced the last | t week during the | | |
| P2. Twisting/pivotin None i | ng on your k Mild İ | nee Moderate İ | Severe i | Extreme İ | | |
| P3. Straightening ki None i | nee fully Mild i | Moderate İ | Severe İ | Extreme İ | | |
| P4. Bending knee fu None i | ılly Mild İ | Moderate İ | Severe j | Extreme İ | | |
| P5. Walking on flat None i | surface Mild i | Moderate i | Severe İ | Extreme İ | | |
| P6. Going up or dov None | vn stairs Mild İ | Moderate i | Severe İ | Extreme İ | | |
| P7. At night while i | n bed Mild İ | Moderate İ | Severe j | Extreme İ | | |
| P8. Sitting or lying None i | Mild İ | Moderate İ | Severe İ | Extreme İ | | |
| P9. Standing uprigh None | t Mild İ | Moderate İ | Severe i | Extreme İ | | |
| 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. | | | | | | |
| A1. Descending state | irs Mild | Moderate | Severe | Extreme | | |

i

Moderate

i

Severe

i

i

Extreme

i

i

A2. Ascending stairs None

i

Mild

i

Knee injury and Osteoarthritis Outcome Sc