

Knee injury and Osteoarthritis Outcome Score (KOOS) Survey

Patient Name: _____

Patient MRN: _____

Date: _____

Affected Knee: R L (Circle One)

Instructions:

This survey asks for your opinion about your hip and helps us understand how well you are able to complete your usual activities. Answer each question by ticking the appropriate box (only one box for each question). If you are uncertain about how to answer a question, please give the best answer you can.

I. Symptoms

Answer these questions thinking of your knee symptoms during the last week.

S1. Do you have swelling in your knee?

Never (+0) Rarely (+1) Sometimes (+2) Often (+3) Always (+4)

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

Never (+0) Rarely (+1) Sometimes (+2) Often (+3) Always (+4)

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

Never (+0) Rarely (+1) Sometimes (+2) Often (+3) Always (+4)

S4. Can you straighten your knee fully?

Always (+0) Often (+1) Sometimes (+2) Rarely (+3) Never (+4)

S5. Can you bend your knee fully?

Always (+0) Often (+1) Sometimes (+2) Rarely (+3) Never (+4)

Stiffness is a sensation of restriction or slowness in the ease with which you move your knee joint.

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

None (+0) Mild (+1) Moderate (+2) Severe (+3) Extreme (+4)

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

None (+0) Mild (+1) Moderate (+2) Severe (+3) Extreme (+4)

Symptoms Subscale Score: $100 - \left[\frac{(\text{symptoms subscale sum} * 100)}{28} \right] = \underline{\hspace{2cm}}$

II. Pain

P1. How often do you experience knee pain?

- Never (+0) Monthly (+1) Weekly (+2) Daily (+3) Always (+4)

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

P2. Twisting/pivoting on your knee

- None (+0) Mild (+1) Moderate (+2) Severe (+3) Extreme (+4)

P3. Straightening knee fully

- None (+0) Mild (+1) Moderate (+2) Severe (+3) Extreme (+4)

P4. Bending knee fully

- None (+0) Mild (+1) Moderate (+2) Severe (+3) Extreme (+4)

P5. Walking on flat surface

- None (+0) Mild (+1) Moderate (+2) Severe (+3) Extreme (+4)

P6. Going up or down stairs

- None (+0) Mild (+1) Moderate (+2) Severe (+3) Extreme (+4)

P7. At night while in bed

- None (+0) Mild (+1) Moderate (+2) Severe (+3) Extreme (+4)

P8. Sitting or lying

- None (+0) Mild (+1) Moderate (+2) Severe (+3) Extreme (+4)

P9. Standing upright

- None (+0) Mild (+1) Moderate (+2) Severe (+3) Extreme (+4)

Pain Subscale Score: $100 - \left[\frac{(\text{pain subscale sum} * 100)}{36} \right] = \underline{\hspace{2cm}}$

III. Function, daily living

This section describes 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 stairs

- None (+0) Mild (+1) Moderate (+2) Severe (+3) Extreme (+4)

A2. Ascending stairs

None (+0) Mild (+1) Moderate (+2) Severe (+3) Extreme (+4)

A3. Rising from sitting

None (+0) Mild (+1) Moderate (+2) Severe (+3) Extreme (+4)

A4. Standing

None (+0) Mild (+1) Moderate (+2) Severe (+3) Extreme (+4)

A5. Bending to the floor/pick up an object

None (+0) Mild (+1) Moderate (+2) Severe (+3) Extreme (+4)

A6. Walking on a flat surface

None (+0) Mild (+1) Moderate (+2) Severe (+3) Extreme (+4)

A7. Getting in/out of car

None (+0) Mild (+1) Moderate (+2) Severe (+3) Extreme (+4)

A8. Going shopping

None (+0) Mild (+1) Moderate (+2) Severe (+3) Extreme (+4)

A9. Putting on socks/stockings

None (+0) Mild (+1) Moderate (+2) Severe (+3) Extreme (+4)

A10. Rising from bed

None (+0) Mild (+1) Moderate (+2) Severe (+3) Extreme (+4)

A11. Taking off socks/stockings

None (+0) Mild (+1) Moderate (+2) Severe (+3) Extreme (+4)

A12. Lying in bed (turning over, maintaining knee position)

None (+0) Mild (+1) Moderate (+2) Severe (+3) Extreme (+4)

A13. Getting in/out of bath

None (+0) Mild (+1) Moderate (+2) Severe (+3) Extreme (+4)

A14. Sitting

None (+0) Mild (+1) Moderate (+2) Severe (+3) Extreme (+4)

A15. Getting on/off toilet

- None (+0) Mild (+1) Moderate (+2) Severe (+3) Extreme (+4)

A16. Heavy domestic duties (moving heavy boxes, scrubbing floors, etc)

- None (+0) Mild (+1) Moderate (+2) Severe (+3) Extreme (+4)

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

- None (+0) Mild (+1) Moderate (+2) Severe (+3) Extreme (+4)

Daily Living Subscale Score: $100 - \left[\frac{(\text{daily living subscale sum} * 100)}{68} \right] = \underline{\hspace{2cm}}$

IV. Function, sports and recreational activities

This section describes your ability to be active on a higher level. For each of the following activities, please indicate the degree of difficulty you have experienced in the last week due to your knee.

SP1. Squatting

- None (+0) Mild (+1) Moderate (+2) Severe (+3) Extreme (+4)

SP2. Running

- None (+0) Mild (+1) Moderate (+2) Severe (+3) Extreme (+4)

SP3. Jumping

- None (+0) Mild (+1) Moderate (+2) Severe (+3) Extreme (+4)

SP4. Twisting/pivoting on your injured knee

- None (+0) Mild (+1) Moderate (+2) Severe (+3) Extreme (+4)

SP5. Kneeling

- None (+0) Mild (+1) Moderate (+2) Severe (+3) Extreme (+4)

Sports and Recreation Subscale Score: $100 - \left[\frac{(\text{sports and recreation subscale sum} * 100)}{20} \right] = \underline{\hspace{2cm}}$

V. Quality of Life

Q1. How often are you aware of your knee problem?

- Never (+0) Monthly (+1) Weekly (+2) Daily (+3) Constantly (+4)

Q2. Have you modified your life style to avoid activities potentially damaging to your knee?

- Not at all (+0) Mildly (+1) Moderately (+2) Severely (+3) Totally (+4)

Q3. How much are you troubled with lack of confidence in your knee?

- Not at all (+0) Mildly (+1) Moderately (+2) Severely (+3) Extremely (+4)

Q4. In general, how much difficulty do you have with your knee?

- None (+0) Mild (+1) Moderate (+2) Severe (+3) Extreme (+4)

Quality of Life Subscale Score: $100 - \left[\frac{(\text{quality of life subscale sum} * 100)}{16} \right] = \underline{\hspace{2cm}}$