

# KOOS KNEE SURVEY

Today's date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_

## INSTRUCTIONS:

**Pain**

P1. How often do you experience knee pain?

Never	Monthly	Weekly	Daily	Always
i	i	i	i	i

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
i	i	i	i	i

P3. Straightening knee fully

None	Mild	Moderate	Severe	Extreme
i	i	i	i	i

P4. Bending knee fully

None	Mild	Moderate	Severe	Extreme
i	i	i	i	i

P5. Walking on flat surface

None	Mild	Moderate	Severe	Extreme
i	i	i	i	i

P6. Going up or down stairs

None	Mild	Moderate	Severe	Extreme
i	i	i	i	i

P7. At night while in bed

None	Mild	Moderate	Severe	Extreme
i	i	i	i	i

P8. Sitting or lying

None	Mild	Moderate	Severe	Extreme
i	i	i	i	i

P9. Standing upright

None	Mild	Moderate	Severe	Extreme
i	i	i	i	i

**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 stairs

None	Mild	Moderate	Severe	Extreme
i	i	i	i	i

A2. Ascending stairs

None	Mild	Moderate	Severe	Extreme
i	i	i	i	i



