

# Knee Injury and Osteoarthritis Outcome Score (KOOS)

Patient name: \_\_\_\_\_ Date: \_\_\_\_\_ Affected knee:  Right  Left

**Instructions:** This survey seeks your opinion about your knee and aims to understand how well you can perform your usual activities. Please respond to each question by ticking the appropriate box (only one box per question). If you're unsure about a question, provide the best answer you can.

I. Symptoms					
Answer these questions thinking of your knee symptoms during the last week.	Never (+0)	Rarely (+1)	Sometimes (+2)	Often (+3)	Always (+4)
S1. Do you have swelling in your knee?					
S2. Do you feel grinding, hear clicking, or any other type of noise when your knee moves?					
S3. Does your knee catch or hang up when moving?					
Answer these questions thinking of your knee symptoms during the last week.	Always (+0)	Often (+1)	Sometimes (+2)	Rarely (+3)	Never (+4)
S4. Can you straighten your knee fully?					
S5. Can you bend your knee fully?					
Stiffness is a sensation of restriction or slowness in the ease with which you move your knee joint.	None (+0)	Mild (+1)	Moderate (+2)	Severe (+3)	Extreme (+4)
S6. How severe is your knee joint stiffness after first wakening in the morning?					
S7. How severe is your knee joint stiffness after sitting, lying, or resting later in the day?					
Symptoms subscale score: $100 - \left[ \frac{(\text{symptoms subscale sum} * 100)}{28} \right] =$					
II. Pain					
Problem	Never (+0)	Monthly (+1)	Weekly (+2)	Daily (+3)	Always (+4)
P1. How often do you experience knee pain?					
What amount of knee pain have you experienced the <u>last week</u> during the following activities?	None (+0)	Mild (+1)	Moderate (+2)	Severe (+3)	Extreme (+4)
P2. Twisting/pivoting on your knee					
P3. Straightening knee fully					
P4. Bending knee fully					
P5. Walking on flat surface					
P6. Going up or down stairs					

What amount of knee pain have you experienced the <u>last week</u> during the following activities?	None (+0)	Mild (+1)	Moderate (+2)	Severe (+3)	Extreme (+4)
P7. At night while in bed					
P8. Sitting or lying					
P9. Standing upright					
Pain subscale score: $100 - \left[ \frac{(\text{pain subscale sum} * 100)}{36} \right] =$					

### 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.	None (+0)	Mild (+1)	Moderate (+2)	Severe (+3)	Extreme (+4)
A1. Descending stairs					
A2. Ascending stairs					
A3. Rising from sitting					
A4. Standing					
A5. Bending to the floor/pick up an object					
A6. Walking on a flat surface					
A7. Getting in/out of car					
A8. Going shopping					
A9. Putting on socks/stockings					
A10. Rising from bed					
A11. Taking off socks/stockings					
A12. Lying in bed (turning over, maintaining knee position)					
A13. Getting in/out of bath					
A14. Sitting					
A15. Getting on/off toilet					
A16. Heavy domestic duties (moving heavy boxes, scrubbing floors, etc)					
A17. Light domestic duties (cooking, dusting, etc)					

Daily living subscale score:  $100 - \left[ \frac{(\text{daily living subscale sum} * 100)}{68} \right] =$

#### 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.	None (+0)	Mild (+1)	Moderate (+2)	Severe (+3)	Extreme (+4)
SP1. Squatting					
SP2. Running					
SP3. Jumping					
SP4. Twisting/pivoting on your injured knee					
SP5. Kneeling					

$$\text{Sports and recreation subscale score: } 100 - \left[ \frac{(\text{sports and recreation subscale sum} * 100)}{20} \right] =$$

#### V. Quality of Life

Problem	Never (+0)	Monthly (+1)	Weekly (+2)	Daily (+3)	Constantly (+4)
Q1. How often are you aware of your knee problem?					
Problem	Not at all (+0)	Mildly (+1)	Moderately (+2)	Severely (+3)	Totally (+4)
Q2. Have you modified your life style to avoid activities potentially damaging to your knee?					
Q3. How much are you troubled with lack of confidence in your knee?					
Q4. In general, how much difficulty do you have with your knee?					

$$\text{Quality of life subscale score: } 100 - \left[ \frac{(\text{quality of life subscale sum} * 100)}{16} \right] =$$

#### Additional notes

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.