

KOOS, JR. KNEE SURVEY

Name: _____

Date: _____

Instructions: For each question, please circle the ONE number that best describes your condition in the **last week**. If you did not have the opportunity to perform an activity in the past week, please make your *best estimate* on which response would be the most accurate.

	None	Mild	Moderate	Severe	Extreme
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Stiffness: The following question concerns the amount of joint stiffness you have experienced in your knee during the last week. Stiffness is a sensation of restriction or slowness in the ease with which you move your knee joint.

1. How severe is your knee stiffness after first wakening in the morning?	0	1	2	3	4
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Pain: What amount of knee pain have you experienced the **last week** during the following activities?

2. Twisting/pivoting on your knee	0	1	2	3	4
3. Straightening knee fully	0	1	2	3	4
4. Going up or down stairs	0	1	2	3	4
5. Standing upright	0	1	2	3	4

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.

6. Rising from sitting	0	1	2	3	4
7. Bending to floor/pick up an object	0	1	2	3	4

Column Totals: <i>Office will calculate</i>

Raw Sum: _____ Interval Score _____

Outcome Score for Joint Replacement (KOOS, JR).