orthopedic ONE

Knee Injury and Osteoarthritis Outcome Score for Joint Replacement (KOOS, JR.) English version 1.0

KOOS, JR. KNEE SURVEY

Today's date: ____________ Date of birth: ____________

Name: __________________________________

For Office Use: Date of Surgery: ____________

☐ Pre-operative ☐ 3 month follow up ☐ 6 month follow up ☐ 1 year follow up ☐ Annual

INSTRUCTIONS: This survey asks for your view about your knee. This information will help us keep track of how you feel about your knee and how well you are able to do your usual activities. Answer every question by ticking the appropriate box, only one box for each question. If you are unsure about how to answer a question, please give the best answer you can.

Please indicate the involved side:

☐ Left

☐ Right

Stiffness

The following questions concern the amount of joint stiffness you have experienced during the last week in your knee. Stiffness is a sensation of restriction or slowness in the ease with which you move your knee joint.

	None	Mild	Moderate	Severe	Extreme
1. How severe is your knee stiffness after first wakening in the morning?	☐	☐	☐	☐	☐

Pain

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

	None	Mild	Moderate	Severe	Extreme
2. Twisting/pivoting on your knee	☐	☐	☐	☐	☐
3. Straightening knee fully	☐	☐	☐	☐	☐
4. Going up or down stairs	☐	☐	☐	☐	☐
5. Standing upright	☐	☐	☐	☐	☐

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.

	None	Mild	Moderate	Severe	Extreme
6. Rising from sitting	☐	☐	☐	☐	☐
7. Bending to floor/pick up an object	☐	☐	☐	☐	☐

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