

Knee injury and Osteoarthritis Outcomes Score for Joint Replacement (KOOS JR) Survey

Patient Name: _____

Patient MRN: _____

Date: _____

Affected Knee: R L (Circle One)

Instructions:

This survey asks for your opinion about your knee 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. Stiffness

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

S1. How severe is your knee stiffness after first wakening in the morning?

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

II. Pain

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

P1. Twisting/pivoting on your knee

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

P2. Straightening knee fully

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

P3. Going up or down stairs

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

P4. Standing upright

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

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. Rising from sitting

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

A2. Bending to the floor/pick up an object

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