

KOOS KNEE QUESTIONNAIRE
(Back-translation of the Finnish version of the KOOS questionnaire)

Today's date: _____ Date of birth: _____

Name: _____

INSTRUCTIONS: This form contains questions about how you experience the situation regarding your knee. This information will help us monitor the condition of your knee and how well you are able to cope in your everyday activities.

Answer each question by ticking just one response option. Tick the option that best corresponds to your situation.

Symptoms

Answer the following questions considering the knee symptoms you have experienced during the past week:

S1. Do you experience swelling/inflammation of the knee?

Never Rarely Sometimes Often Constantly

S2. Do you feel a cracking sensation, hear popping or other kinds of sounds when moving your knee?

Never Rarely Sometimes Often Constantly

S3. Does your knee jam or lock when you are walking?

Never Rarely Sometimes Often Constantly

S4. Can you straighten your knee all the way?

Always Often Sometimes Rarely Never

S5. Can you bend your knee all the way?

Always Often Sometimes Rarely Never

Stiffness

The following questions concern stiffness in your knee during the past week. Stiffness means experiencing restricted or slow movement of the knee joint.

S6. How stiff is your knee after waking up in the morning?

Not at all A little stiff Fairly stiff Very stiff Extremely stiff

S7. How stiff is your knee after sitting, lying down or resting during the day?

Not at all A little stiff Fairly stiff Very stiff Extremely stiff

Pain

P1. How often do you experience pain in your knee?

Never

About once a
month

About once a
week

Daily

Continuously

To what extent have you felt knee pain when performing the following actions during the past week?

P2. Turning or twisting the knee

No pain at all

Slightly

Moderately

Strongly

Very strongly

P3. When straightening the knee all the way

No pain at all

Slightly

Moderately

Strongly

Very strongly

P4. When bending the knee all the way

No pain at all

Slightly

Moderately

Strongly

Very strongly

P5. When walking on a level surface

No pain at all

Slightly

Moderately

Strongly

Very strongly

P6. When going up or down stairs

No pain at all

Slightly

Moderately

Strongly

Very strongly

P7. When in bed at night (pain interferes with sleep)

No pain at all

Slightly

Moderately

Strongly

Very strongly

P8. When sitting or lying down

No pain at all

Slightly

Moderately

Strongly

Very strongly

P9. When standing

No pain at all

Slightly

Moderately

Strongly

Very strongly

Ability to perform daily activities

The following questions concern your ability to perform physical activities, meaning moving about and looking after yourself. Mark the option that best describes the extent to which the condition of your knee has affected your ability to perform the following activities during the past week.

A1. Descending stairs

Not at all

A little

Moderately

A lot

Very much

A2. Ascending stairs

Not at all

A little

Moderately

A lot

Very much

- A3. Rising from a chair
 Not at all A little Moderately A lot Very much
- A4. Standing up
 Not at all A little Moderately A lot Very much
- A5. Bending down, for example to pick up something from the floor
 Not at all A little Moderately A lot Very much
- A6. Walking on a level surface
 Not at all A little Moderately A lot Very much
- A7. Getting into a car/out of a car
 Not at all A little Moderately A lot Very much
- A8. Going shopping
 Not at all A little Moderately A lot Very much
- A9. Putting on socks
 Not at all A little Moderately A lot Very much
- A10. Getting out of bed
 Not at all A little Moderately A lot Very much
- A11. Taking off socks
 Not at all A little Moderately A lot Very much
- A12. When lying in bed (turning, maintaining position of the knee)
 Not at all A little Moderately A lot Very much
- A13. Getting into or out of the bath/shower
 Not at all A little Moderately A lot Very much
- A14. When sitting
 Not at all A little Moderately A lot Very much
- A15. When sitting on or rising from a pedestal toilet
 Not at all A little Moderately A lot Very much
- A16. Doing heavy domestic chores (e.g., snow-clearing, mopping floors)
 Not at all A little Moderately A lot Very much

A17. Doing light domestic chores (e.g., cooking, dusting)

Not at all A little Moderately A lot Very much

Function, sports and recreational activities

The following questions concern your ability to be physically active. Mark the option that best describes the extent to which the condition of your knee has affected your ability to perform the following activities during the past week.

SP1. Squatting

Not at all A little Moderately A lot Very much

SP2. Running

Not at all A little Moderately A lot Very much

SP3. Jumping

Not at all A little Moderately A lot Very much

SP4. Turning/twisting using the injured knee

Not at all A little Moderately A lot Very much

SP5. Kneeling

Not at all A little Moderately A lot Very much

Quality of Life

Q1. How often do you think about your knee problem?

Never About once a month About once a week Daily Continuously

Q2. Have you changed your lifestyle to avoid possible knee-damaging activities?

Not at all A little Moderately A lot Very much

Q3. How many problems are caused by your not being able to fully trust your knee function?

No problems A few problems Some problems Quite a lot of problems Very many problems

Q4. In general, how much difficulty does your knee cause you?

Not at all A little Moderately A lot Very much

Thank you very much for answering all the questions on this form.