

## KOOS JR Patient Survey:

This survey asks for your opinion about your knee and helps us understand how well you are able to complete your usual activities. If you are uncertain about how to answer a question, please give the best answer you can.

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**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? Please select only one answer.**

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

- None
- Mild
- Moderate
- Severe
- Extreme

What amount of knee pain have you experienced in the last week during the follow activities:

Twisting or pivoting your knee

- None
- Mild
- Moderate
- Severe
- Extreme

Straightening your knee fully

- None
- Mild
- Moderate
- Severe
- Extreme

Going up or down stairs

- None
- Mild
- Moderate

- Severe
- Extreme

Standing upright

- None
- Mild
- Moderate
- Severe
- Extreme

**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. Please select only one answer.**

Rising from sitting

- None
- Mild
- Moderate
- Severe
- Extreme

Bending to the floor/picking up an object

- None
- Mild
- Moderate
- Severe
- Extreme