

Name \_\_\_\_\_

Date \_\_\_\_\_

## The knee injury and osteoarthritis outcome score (KOOS)

Roos et al (1998) JOSPT 78, 88-96

### Pain

How often is your knee pain?	None	Monthly	Weekly	Daily	Always
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What degree of pain have you experienced the last week when...?

Twisting/pivoting on your knee	None	Mild	Moderate	Severe	Extreme
Straightening knee fully	None	Mild	Moderate	Severe	Extreme
Bending knee fully	None	Mild	Moderate	Severe	Extreme
Walking on flat surface	None	Mild	Moderate	Severe	Extreme
Going up or down stairs	None	Mild	Moderate	Severe	Extreme
At night while in bed	None	Mild	Moderate	Severe	Extreme
Sitting or lying	None	Mild	Moderate	Severe	Extreme
Standing upright	None	Mild	Moderate	Severe	Extreme

### Symptoms

How severe is your knee stiffness after first Wakening in the morning?	None	Mild	Moderate	Severe	Extreme
How severe is your knee stiffness after sitting, lying, or resting later in the day?	None	Mild	Moderate	Severe	Extreme
Do you have swelling in your knee?	Never	Rarely	Sometimes	Often	Always
Do you feel grinding, hear clicking or any other type of noise when your knee moves?	Never	Rarely	Sometimes	Often	Always
Does your knee catch or hang up when moving?	Never	Rarely	Sometimes	Often	Always
Can you straighten your knee fully?	Always	Often	Sometimes	Rarely	Never
Can you bend your knee fully?	Always	Often	Sometimes	Rarely	Never

### Activities of daily living

What difficulty have you experienced the last week...?

Descending stairs	None	Mild	Moderate	Severe	Extreme
Ascending stairs	None	Mild	Moderate	Severe	Extreme
Rising from sitting	None	Mild	Moderate	Severe	Extreme
Standing	None	Mild	Moderate	Severe	Extreme
Bending to floor/pick up an object	None	Mild	Moderate	Severe	Extreme
Walking on flat surface	None	Mild	Moderate	Severe	Extreme

Getting in/out of car	None	Mild	Moderate	Severe	Extreme
Going shopping	None	Mild	Moderate	Severe	Extreme
Putting on socks/stockings	None	Mild	Moderate	Severe	Extreme
Rising from bed	None	Mild	Moderate	Severe	Extreme
Taking off socks/stockings	None	Mild	Moderate	Severe	Extreme
Lying in bed (turning over, maintaining knee position)	None	Mild	Moderate	Severe	Extreme
Getting in/out of bath	None	Mild	Moderate	Severe	Extreme
Sitting	None	Mild	Moderate	Severe	Extreme
Getting on/off toilet	None	Mild	Moderate	Severe	Extreme
Heavy domestic duties (shoveling, scrubbing floors, etc.)	None	Mild	Moderate	Severe	Extreme
Light domestic duties (cooking, dusting, etc.)	None	Mild	Moderate	Severe	Extreme

## Sport and recreation function

What difficulty have you experienced the last week...?

Squatting	None	Mild	Moderate	Severe	Extreme
Running	None	Mild	Moderate	Severe	Extreme
Jumping	None	Mild	Moderate	Severe	Extreme
Turning/twisting on your injured knee	None	Mild	Moderate	Severe	Extreme
Kneeling	None	Mild	Moderate	Severe	Extreme

## Knee-related quality of life

What difficulty have you experienced the last week...?

How often are you aware of your knee problems?	Never	Monthly	Weekly	Daily	Always
Have you modified your lifestyle to avoid potentially damaging activities to your knee?	Not at all	Mildly	Moderately	Severely	Totally
How troubled are you with lack of confidence in your knee?	Not at all	Mildly	Moderately	Severely	Totally
In general, how much difficulty do you have with our knee?	None	Mild	Moderate	Severe	Extreme

## Scoring:

Each item is scored 0 to 4 and the raw score for each section is the sum of item scores.

Scores are then transformed to a 0 to 100 scale. A higher score indicates fewer problems.

Scale	Raw score	Transformed score	MDCm
Pain	/36	$100 - \frac{\text{Actual raw score} \times 100}{\text{Possible raw score range}}$ Example: a pain raw score of 16 would be transformed as follows: $100 - \frac{(16 \times 100)}{36} = 56$	12 points
Symptoms	/28		8 points
ADL	/68		10 points
Sport/Rec	/20		19 points
QOL	/16		13 points

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