

Name \_\_\_\_\_ Date \_\_\_\_\_ DOB \_\_\_\_\_



## Knee Outcome Survey (KOS)

Please answer by checking ONE box in each section for the statement which best applies to you. We realize you may consider that two or more statements in any one section apply but please just shade out the spot that indicates the statement which most clearly describes your problem. If have not performed an activity, please make your best guess as to which response would be. Please answer based on your ability regardless of how you perform the task.

Did you have surgery for this issue prior to receiving therapy?

- Yes
- No

Pain Score: Over the past 24 hours, how bad has your pain been? (circle one)

No Pain 0 1 2 3 4 5 6 7 8 9 10 Worst Imaginable Pain

<p><b>1. Pain</b></p> <ul style="list-style-type: none"><li><input type="radio"/> I do not have this symptom</li><li><input type="radio"/> I have the symptom, but it does not affect my activity</li><li><input type="radio"/> The symptom affects my activity slightly</li><li><input type="radio"/> The symptom affects my activity moderately</li><li><input type="radio"/> The symptom affects my activity severely</li><li><input type="radio"/> The symptom prevents me from all daily activity</li></ul> <p><b>2. Stiffness</b></p> <ul style="list-style-type: none"><li><input type="radio"/> I do not have this symptom</li><li><input type="radio"/> I have the symptom, but it does not affect my activity</li><li><input type="radio"/> The symptom affects my activity slightly</li><li><input type="radio"/> The symptom affects my activity moderately</li><li><input type="radio"/> The symptom affects my activity severely</li><li><input type="radio"/> The symptom prevents me from all daily activity</li></ul> <p><b>3. Swelling</b></p> <ul style="list-style-type: none"><li><input type="radio"/> I do not have this symptom</li><li><input type="radio"/> I have the symptom, but it does not affect my activity</li><li><input type="radio"/> The symptom affects my activity slightly</li><li><input type="radio"/> The symptom affects my activity moderately</li><li><input type="radio"/> The symptom affects my activity severely</li><li><input type="radio"/> The symptom prevents me from all daily activity</li></ul>	<p><b>4. Knee gives way - buckles or shifts</b></p> <ul style="list-style-type: none"><li><input type="radio"/> I do not have this symptom</li><li><input type="radio"/> I have the symptom, but it does not affect my activity</li><li><input type="radio"/> The symptom affects my activity slightly</li><li><input type="radio"/> The symptom affects my activity moderately</li><li><input type="radio"/> The symptom affects my activity severely</li><li><input type="radio"/> The symptom prevents me from all daily activity</li></ul> <p><b>5. Weakness</b></p> <ul style="list-style-type: none"><li><input type="radio"/> I do not have this symptom</li><li><input type="radio"/> I have the symptom, but it does not affect my activity</li><li><input type="radio"/> The symptom affects my activity slightly</li><li><input type="radio"/> The symptom affects my activity moderately</li><li><input type="radio"/> The symptom affects my activity severely</li><li><input type="radio"/> The symptom prevents me from all daily activity</li></ul> <p><b>6. Limping</b></p> <ul style="list-style-type: none"><li><input type="radio"/> I do not have this symptom</li><li><input type="radio"/> I have the symptom, but it does not affect my activity</li><li><input type="radio"/> The symptom affects my activity slightly</li><li><input type="radio"/> The symptom affects my activity moderately</li><li><input type="radio"/> The symptom affects my activity severely</li><li><input type="radio"/> The symptom prevents me from all daily activity</li></ul>
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**Turn Over**

<p>7. Walk</p> <ul style="list-style-type: none"><li><input type="radio"/> Activity is not difficult</li><li><input type="radio"/> Activity is minimally difficult</li><li><input type="radio"/> Activity is somewhat difficult</li><li><input type="radio"/> Activity is fairly difficult</li><li><input type="radio"/> Activity is very difficult</li><li><input type="radio"/> I am unable to do the activity</li></ul> <p>8. Go up stairs</p> <ul style="list-style-type: none"><li><input type="radio"/> Activity is not difficult</li><li><input type="radio"/> Activity is minimally difficult</li><li><input type="radio"/> Activity is somewhat difficult</li><li><input type="radio"/> Activity is fairly difficult</li><li><input type="radio"/> Activity is very difficult</li><li><input type="radio"/> I am unable to do the activity</li></ul> <p>9. Go down stairs</p> <ul style="list-style-type: none"><li><input type="radio"/> Activity is not difficult</li><li><input type="radio"/> Activity is minimally difficult</li><li><input type="radio"/> Activity is somewhat difficult</li><li><input type="radio"/> Activity is fairly difficult</li><li><input type="radio"/> Activity is very difficult</li><li><input type="radio"/> I am unable to do the activity</li></ul> <p>10. Stand</p> <ul style="list-style-type: none"><li><input type="radio"/> Activity is not difficult</li><li><input type="radio"/> Activity is minimally difficult</li><li><input type="radio"/> Activity is somewhat difficult</li><li><input type="radio"/> Activity is fairly difficult</li><li><input type="radio"/> Activity is very difficult</li><li><input type="radio"/> I am unable to do the activity</li></ul>	<p>11. Kneel on the front of your knee</p> <ul style="list-style-type: none"><li><input type="radio"/> Activity is not difficult</li><li><input type="radio"/> Activity is minimally difficult</li><li><input type="radio"/> Activity is somewhat difficult</li><li><input type="radio"/> Activity is fairly difficult</li><li><input type="radio"/> Activity is very difficult</li><li><input type="radio"/> I am unable to do the activity</li></ul> <p>12. Squat</p> <ul style="list-style-type: none"><li><input type="radio"/> Activity is not difficult</li><li><input type="radio"/> Activity is minimally difficult</li><li><input type="radio"/> Activity is somewhat difficult</li><li><input type="radio"/> Activity is fairly difficult</li><li><input type="radio"/> Activity is very difficult</li><li><input type="radio"/> I am unable to do the activity</li></ul> <p>13. Sit with your knee bent</p> <ul style="list-style-type: none"><li><input type="radio"/> Activity is not difficult</li><li><input type="radio"/> Activity is minimally difficult</li><li><input type="radio"/> Activity is somewhat difficult</li><li><input type="radio"/> Activity is fairly difficult</li><li><input type="radio"/> Activity is very difficult</li><li><input type="radio"/> I am unable to do the activity</li></ul> <p>14. Rise from a chair</p> <ul style="list-style-type: none"><li><input type="radio"/> Activity is not difficult</li><li><input type="radio"/> Activity is minimally difficult</li><li><input type="radio"/> Activity is somewhat difficult</li><li><input type="radio"/> Activity is fairly difficult</li><li><input type="radio"/> Activity is very difficult</li><li><input type="radio"/> I am unable to do the activity</li></ul>
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