

KOOS-Child KNEE SURVEY

Today's date: _____ Date of birth: _____

Name: _____

INSTRUCTIONS

These questions collect information about how your injured knee affects you. Answer every question by ticking the appropriate box, only one box for each question. If you are unsure about how to answer a question, please select the best answer you can.

KNEE PROBLEMS

S1. During the past 7 days, how often has your knee been swollen?

Never Rarely Sometimes Often Always

S2. During the past 7 days, how often has your knee made any noise/sounds?

Never Rarely Sometimes Often Always

S3. During the past 7 days, how often did your knee get stuck?

Never Rarely Sometimes Often Always

S4. During the past 7 days, how often have you been able to fully straighten your knee on your own?

Always Often Sometimes Rarely Never

S5. During the past 7, days how often have you been able to fully bend your knee on your own?

Always Often Sometimes Rarely Never

S6. During the past 7 days, how much difficulty have you had moving your knee just after waking up in the morning?

No difficulty A little Some A lot Extreme difficulty

S7. During the past 7 days, how much difficulty have you had later in the day moving your knee after being sedentary for a while?

None A little Some A lot Extreme

P1. During the past month, how often have you experienced knee pain?

Never Rarely Sometimes Often All the time

HOW PAINFUL

How much knee pain have you experienced **in the past 7 days** during the following activities? Check the best answer for each item

	No pain	A little pain	Some pain	A lot of pain	Extreme pain
P2. Twisting/pivoting on your injured knee when walking/standing/running					
P3. Fully straightening your injured knee					
P4. Fully bending your injured knee					
P6a. Walking up stairs					
P6b. Walking down stairs					
P8a. Sitting with your injured knee bent					
P9. Standing upright on both legs for any amount of time					

DIFFICULTY DURING DAILY ACTIVITIES

A1. During the past 7 days, how much difficulty have you had walking down stairs?

No difficulty A little Some A lot Extreme difficulty

A2. During the past 7 days, how much difficulty have you had walking up stairs?

No difficulty A little Some A lot Extreme difficulty

A3. During the past 7 days, how much difficulty have you had standing up from a chair?

No difficulty A little Some A lot Extreme difficulty

A5. During the past 7 days, how much difficulty have you had to bend down and pick up an object from the floor?

No difficulty A little Some A lot Extreme difficulty

A7. During the past 7 days, how much difficulty have you had getting in to/out of a car?

No difficulty A little Some A lot Extreme difficulty

A10. During the past 7 days, how much difficulty have you had to get out of bed?

No difficulty A little Some A lot Extreme difficulty

A12. During the past 7 days, how much difficulty have you had to change knee position when lying in bed?

No difficulty A little Some A lot Extreme difficulty

A13. During the past 7 days, how much difficulty have you had getting in to/out of the bathtub/shower?

No difficulty A little Some A lot Extreme difficulty

A14. During the past 7 days, how much difficulty have you had to sit in a chair with your injured knee bent?

No difficulty A little Some A lot Extreme difficulty





A16. During the past 7 days, how much difficulty have you had to carry heavy bags /backpacks etc?




No difficulty A little Some A lot Extreme difficulty

A17. During the past 7 days, how much difficulty have you had to do light chores such as cleaning your room, filling/emptying the dishwasher, making your bed, etc?

No difficulty A little Some A lot Extreme difficulty

DIFFICULTY DURING SPORTS AND PLAYING

<p>SP1. During the past 7 days, how much difficulty have you had to squat down during play or sports activities?</p> <p>No difficulty <input type="checkbox"/> A little <input type="checkbox"/> Some <input type="checkbox"/> A lot <input type="checkbox"/> Extreme difficulty <input type="checkbox"/></p>	
<p>SP2. During the past 7 days, how much difficulty have you had to run during play or sports activities?</p> <p>No difficulty <input type="checkbox"/> A little <input type="checkbox"/> Some <input type="checkbox"/> A lot <input type="checkbox"/> Extreme difficulty <input type="checkbox"/></p>	
<p>SP3. During the past 7 days, how much difficulty have you had to jump during play or sports activities?</p> <p>No difficulty <input type="checkbox"/> A little <input type="checkbox"/> Some <input type="checkbox"/> A lot <input type="checkbox"/> Extreme difficulty <input type="checkbox"/></p>	
<p>SP4. During the past 7 days, how much difficulty have you had to twist/pivot because of your injured knee during play or sports activities?</p> <p>No difficulty <input type="checkbox"/> A little <input type="checkbox"/> Some <input type="checkbox"/> A lot <input type="checkbox"/> Extreme difficulty <input type="checkbox"/></p>	

<p>SP5. During the past 7 days, how much difficulty have you had to kneel because of your injured knee?</p> <p>No difficulty A little Some A lot Extreme difficulty</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	
<p>SPN6. During the past 7 days, how much difficulty have you had to keep your balance when walking /running on uneven ground?</p> <p>No difficulty A little Some A lot Extreme difficulty</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	
<p>SPN7. During the past 7 days, how much difficulty have you had playing sports because of your injured knee?</p> <p>No difficulty A little Some A lot Extreme difficulty</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	

HOW HAS YOUR INJURY AFFECTED YOUR LIFE?

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

Never Rarely Sometimes Often All the time

Q2. How much have you changed your lifestyle because of your injured knee?

Not at all A little Some A lot Very much

Q3. How much do you trust your injured knee?

Completely A lot Some A little Not at all

Q4. Overall, how much difficulty do you have with your injured knee?

No difficulty A little Some A lot Extreme difficulty

QN5. How much difficulty have you had getting to school or walking around in school (climbing stairs, opening doors, carrying books, participating during recess) because of your injured knee?

No difficulty A little Some A lot Extreme difficulty

QN6. How much difficulty have you had to do things with friends because of your injured knee?

No difficulty A little Some A lot Extreme difficulty

Thank you very much for completing all the questions in this questionnaire!