KOOS-PS

TODAY'S DATE: _____ DATE OF BIRTH: _____

NAME: _____

INSTRUCTIONS: This survey asks for your view about your knee. This information will help us keep track of how you feel about your knee and how well you are able to do your usual activities. 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 give the best answer you can.

The following questions concern your level of function in performing usual daily activities and higher-level activities. The questions should be answered thinking of what degree of difficulty you have experienced during the last week due to your knee.

1. Rising from bed

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

2. Putting on socks/stockings

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

3. Rising from sitting

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

4. Bending to floor/pick up an object

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

5. Twisting/pivoting on your injured knee

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

6. Kneeling

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

7. Squatting

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐