

KOOS KNEE SURVEY, continued

		NONE	MILD	MODERATE	SEVERE	EXTREME
	FUNCTION/DAILY LIVING: These questions concern your ability to move around and to look after yourself. Please indicate the degree of difficulty you have experienced in the last week .					
A1	Descending stairs	0	1	2	3	4
A2	Ascending stairs	0	1	2	3	4
A3	Rising from sitting	0	1	2	3	4
A4	Standing	0	1	2	3	4
AS	Bending to floor/pick up object	0	1	2	3	4
A6	Walking on flat surface	0	1	2	3	4
A7	Getting in/out of car	0	1	2	3	4
A8	Going shopping	0	1	2	3	4
A9	Putting on socks/stockings	0	1	2	3	4
A10	Rising from bed	0	1	2	3	4
All	Taking off socks/stockings	0	1	2	3	4
A12	Lying in bed (turning over, maintaining knee position)	0	1	2	3	4
A13	Getting in/out of bath	0	1	2	3	4
A14	Sitting or lying	0	1	2	3	4
A15	Getting on/off toilet	0	1	2	3	4
A16	Heavy domestic duties (moving heavy boxes, scrubbing floors, etc.)	0	1	2	3	4
A17	Light domestic duties (cooking, dusting, etc.)	0	1	2	3	4
To be completed by therapist: 100 - (TOTAL SCORE X 100/68) AOL SCORE:						
	FUNCTION, SPORTS & RECREATIONAL ACTIVITIES: The following questions concern your physical function when being active on a higher level. The questions should be answered thinking of what degree of difficulty you have experienced the last week due to your knee.					
		NONE	MILD	MODERATE	SEVERE	EXTREME
SP1	Squatting	0	1	2	3	4
SP2	Running	0	1	2	3	4
SP3	Jumping	0	1	2	3	4
SP4	Twisting/pivoting on your injured knee	0	1	2	3	4
SPS	Kneeling	0	1	2	3	4
To be completed by therapist: 100 -(TOTAL SCORE X 100/20) SPORTS SCORE:						

THE LOWER EXTREMITY FUNCTIONAL SCALE

NAME: _____ **DATE:** _____

This questionnaire has been designed to give the doctor/physical therapist information as to how your lower limb has affected your ability to manage in daily life. Please answer every question by circling the number below the appropriate response. Please only mark ONE response per question.

	EXTREME DIFFICULTY OR UNABLE TO PERFORM	QUITE A BIT OF DIFFICULTY	MODERATE DIFFICULTY	A LITTLE BIT OF DIFFICULTY	NO DIFFICULTY
	0	1	2	3	4
Today, do you or would you have any difficulty at all with:					
1	0	1	2	3	4
2	0	1	2	3	4
3	0	1	2	3	4
4	0	1	2	3	4
5	0	1	2	3	4
6	0	1	2	3	4
7	0	1	2	3	4
8	0	1	2	3	4
9	0	1	2	3	4
10	0	1	2	3	4
11	0	1	2	3	4
12	0	1	2	3	4
13	0	1	2	3	4
14	0	1	2	3	4
15	0	1	2	3	4
16	0	1	2	3	4
17	0	1	2	3	4
18	0	1	2	3	4
19	0	1	2	3	4
20	0	1	2	3	4

SCORE: _____/80

To be completed by physical therapist/provider only