



Knee Outcome Survey (KOS)

NAME _____

DATE ____/____/____

Did you have surgery for this issue prior to receiving therapy? [circle one] YES NO

Over the past 24 hours, how bad has your pain been? [input a number between 1 and 10]

This questionnaire will give your provider information about how your neck condition affects your everyday life. Please answer every section by marking the one statement that applies to you. If two or more statements in one section apply, mark the one statement that most closely describes your problem.

- 1. Pain:**
- 5 I do not have this symptom
 - 4 I have the symptom, but it does not affect my activity
 - 3 The symptom affects my activity slightly
 - 2 The symptom affects my activity moderately
 - 1 The symptom affects my activity slightly
 - 0 The symptom prevents me from all daily activity

- 7. Walk:**
- 5 Activity is not difficult
 - 4 Activity is minimally difficult
 - 3 Activity is somewhat difficult
 - 2 Activity is fairly difficult
 - 1 Activity is very difficult
 - 0 I am unable to do the activity

- 11. Kneel on the front of your knee:**
- 5 Activity is not difficult
 - 4 Activity is minimally difficult
 - 3 Activity is somewhat difficult
 - 2 Activity is fairly difficult
 - 1 Activity is very difficult
 - 0 I am unable to do the activity

- 2. Stiffness:**
- 5 I do not have this symptom
 - 4 I have the symptom, but it does not affect my activity
 - 3 The symptom affects my activity slightly
 - 2 The symptom affects my activity moderately
 - 1 The symptom affects my ability severely
 - 0 The symptom prevents me from all daily activity

- 8. Go up stairs:**
- 5 Activity is not difficult
 - 4 Activity is minimally difficult
 - 3 Activity is somewhat difficult
 - 2 Activity is fairly difficult
 - 1 Activity is very difficult
 - 0 I am unable to do the activity

- 12. Squat:**
- 5 Activity is not difficult
 - 4 Activity is minimally difficult
 - 3 Activity is somewhat difficult
 - 2 Activity is fairly difficult
 - 1 Activity is very difficult
 - 0 I am unable to do the activity

- 3. Swelling:**
- 5 I do not have this symptom
 - 4 I have the symptom, but it does not affect my activity
 - 3 The symptom affects my activity slightly
 - 2 The symptom affects my activity moderately
 - 1 The symptom affects my ability severely
 - 0 The symptom prevents me from all daily activity

- 9. Go down stairs:**
- 5 Activity is not difficult
 - 4 Activity is minimally difficult
 - 3 Activity is somewhat difficult
 - 2 Activity is fairly difficult
 - 1 Activity is very difficult
 - 0 I am unable to do the activity

- 13. Sit with your knee bent:**
- 5 Activity is not difficult
 - 4 Activity is minimally difficult
 - 3 Activity is somewhat difficult
 - 2 Activity is fairly difficult
 - 1 Activity is very difficult
 - 0 I am unable to do the activity

- 4. Knee gives way - buckles or shifts:**
- 5 I do not have this symptom
 - 4 I have the symptom, but it does not affect my activity
 - 3 The symptom affects my activity slightly
 - 2 The symptom affects my activity moderately
 - 1 The symptom affects my ability severely
 - 0 The symptom prevents me from all daily activity

- 10. Stand:**
- 5 Activity is not difficult
 - 4 Activity is minimally difficult
 - 3 Activity is somewhat difficult
 - 2 Activity is fairly difficult
 - 1 Activity is very difficult
 - 0 I am unable to do the activity

- 14. Rise from a chair:**
- 5 Activity is not difficult
 - 4 Activity is minimally difficult
 - 3 Activity is somewhat difficult
 - 2 Activity is fairly difficult
 - 1 Activity is very difficult
 - 0 I am unable to do the activity

- 5. Weakness:**
- 5 I do not have this symptom
 - 4 I have the symptom, but it does not affect my activity
 - 3 The symptom affects my activity slightly
 - 2 The symptom affects my activity moderately
 - 1 The symptom affects my ability severely
 - 0 The symptom prevents me from all daily activity

- 6. Limping:**
- 5 I do not have this symptom
 - 4 I have the symptom, but it does not affect my activity
 - 3 The symptom affects my activity slightly
 - 2 The symptom affects my activity moderately
 - 1 The symptom affects my activity slightly
 - 0 The symptom prevents me from all daily activity

TOTAL SCORING
total divided by 70 = TOTAL
_____ / 70 = _____