INSTRUCTIONS: This survey asks for your views about your knee. Answer every question by marking the appropriate choice, only one answer for each question. If you are unsure about how to answer a question, please give the best answer you can.

**Pain**

1. How often do you experience knee pain?

\_ 0. Never \_ 1. Monthly \_ 2. Weekly \_ 3. Daily \_ 4. Always

What amount of knee pain have you experienced the last week during the following activities?

2. Walking on a flat surface

\_ 0. None \_ 1. Mild \_ 2. Moderate \_ 3. Severe \_ 4. Extreme

3. Going up or down stairs

\_ 0. None \_ 1. Mild \_ 2. Moderate \_ 3. Severe \_ 4. Extreme

4. Sitting or lying

\_ 0. None \_ 1. Mild \_ 2. Moderate \_ 3. Severe \_ 4. Extreme

**Function, daily living**

The following questions concern your physical function. By this we mean your ability to move around and to look after yourself. For each of the following activities please indicate the degree of difficulty you have experienced in the last week due to your knee.

5. Rising from sitting

\_ 0. None \_ 1. Mild \_ 2. Moderate \_ 3. Severe \_ 4. Extreme

6. Standing

\_ 0. None \_ 1. Mild \_ 2. Moderate \_ 3. Severe \_ 4. Extreme

7. Getting in/out of a car

\_ 0. None \_ 1. Mild \_ 2. Moderate \_ 3. Severe \_ 4. Extreme

8. Twisting/pivoting on your injured knee

\_ 0. None \_ 1. Mild \_ 2. Moderate \_ 3. Severe \_ 4. Extreme

**Quality of Life**

9. How often are you aware of your knee problem?

\_ 0. Never \_ 1. Monthly \_ 2. Weekly \_ 3. Daily \_ 4. Constantly

10. Have you modified your life style to avoid potentially damaging activities to your knee?

\_ 0. Not at all \_ 1. Mildly \_ 2. Moderately \_ 3. Severely \_ 4. Totally

11. How much are you troubled with lack of confidence in your knee?

\_ 0. Not at all \_ 1. Mildly \_ 2. Moderately \_ 3. Severely \_ 4. Extremely

12. In general how much difficulty do you have with your knee?

\_ 0. None \_ 1. Mild \_ 2. Moderate \_ 3. Severe \_ 4. Extreme

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

Notes: Scoring

1. Subscale scores
	1. KOOS-12 Pain scale score = sum of question responses in pain section (questions 1 – 4)
	2. KOOS-12 Function scale = sum of question responses in function section (questions 5 – 8)
	3. KOOS-12 QOL scale scores = sum of question responses in function section (questions 9 – 12)
2. At least half of the items (i.e. a minimum of 2 items) in the scale must be answered to calculate a scale score. A person-specific estimate can be imputed for missing item data.
3. KOOS-12 scale scores are transformed so 0 is the worst possible and 100 is the best possible score. This is similar to the method used to score the original KOOS scales, which also are scored using the method of summated ratings and transformed to range from 0 to 100.
4. The KOOS-12 Summary knee impact score is calculated as the average of the KOOS-12 Pain, KOOS-12 Function and KOOS-12 QOL scale scores. A Summary impact score is not calculated if any of the three scale scores are missing. The KOOS-12 Summary impact score also ranges from 0 to 100, where 0 is the worst possible and 100 is the best possible score.

Reference

Roos EM, Lohmander LS. The Knee injury and Osteoarthritis Outcome Score (KOOS): from joint injury to osteoarthritis. Health Qual Life Outcomes. 2003;1:64. Published 2003 Nov 3. doi:10.1186/1477-7525-1-64

User manual (scoring) available at the website http://koos.nu/koos12userguide.pdf