

Knee Outcome Survey (KOS)

QUESTION: Did you have surgery for this issue prior to receiving therapy? Yes___ No___

QUESTION: What is the date of injury? _____

QUESTION: Pain Score: Over the past 24 hours, how bad has your pain been at its worst?

0 1 2 3 4 5 6 7 8 9 10

1. **Pain:**
 - a. I do not have this symptom.
 - b. I have the symptom, but it does not affect my activity.
 - c. The symptom affects my activity slightly.
 - d. The symptom affects my activity moderately.
 - e. The symptom affects my activity severely.
 - f. The symptom prevents me from all daily activity.
2. **Stiffness:**
 - a. I do not have this symptom.
 - b. I have the symptom, but it does not affect my activity.
 - c. The symptom affects my activity slightly.
 - d. The symptom affects my activity moderately.
 - e. The symptom affects my activity severely.
 - f. The symptom prevents me from all daily activity.
3. **Swelling:**
 - a. I do not have this symptom.
 - b. I have the symptom, but it does not affect my activity.
 - c. The symptom affects my activity slightly.
 - d. The symptom affects my activity moderately.
 - e. The symptom affects my activity severely.
 - f. The symptom prevents me from all daily activity.
4. **Knee gives way – buckles or shifts:**
 - a. I do not have this symptom.
 - b. I have the symptom, but it does not affect my activity.
 - c. The symptom affects my activity slightly.
 - d. The symptom affects my activity moderately.
 - e. The symptom affects my activity severely.
 - f. The symptom prevents me from all daily activity.
5. **Weakness:**
 - a. I do not have this symptom.
 - b. I have the symptom, but it does not affect my activity.
 - c. The symptom affects my activity slightly.
 - d. The symptom affects my activity moderately.
 - e. The symptom affects my activity severely.
 - f. The symptom prevents me from all daily activity.
6. **Limping:**
 - a. I do not have this symptom.
 - b. I have the symptom, but it does not affect my activity.
 - c. The symptom affects my activity slightly.
 - d. The symptom affects my activity moderately.
 - e. The symptom affects my activity severely.
 - f. The symptom prevents me from all daily activity.
7. **Walk:**
 - a. Activity is not difficult.
 - b. Activity is minimally difficult.
 - c. Activity is somewhat difficult.
 - d. Activity is fairly difficult.
 - e. Activity is very difficult.
 - f. I am unable to do the activity.
8. **Go up stairs:**
 - a. Activity is not difficult.
 - b. Activity is minimally difficult.
 - c. Activity is somewhat difficult.
 - d. Activity is fairly difficult.
 - e. Activity is very difficult.
 - f. I am unable to do the activity.
9. **Go down stairs:**
 - a. Activity is not difficult.
 - b. Activity is minimally difficult.
 - c. Activity is somewhat difficult.
 - d. Activity is fairly difficult.
 - e. Activity is very difficult.
 - f. I am unable to do the activity.
10. **Stand:**
 - a. Activity is not difficult.
 - b. Activity is minimally difficult.
 - c. Activity is somewhat difficult.
 - d. Activity is fairly difficult.
 - e. Activity is very difficult.
 - f. I am unable to do the activity.
11. **Kneel on the front of your knee:**
 - a. Activity is not difficult.
 - b. Activity is minimally difficult.
 - c. Activity is somewhat difficult.
 - d. Activity is fairly difficult.
 - e. Activity is very difficult.
 - f. I am unable to do the activity.
12. **Squat:**
 - a. Activity is not difficult.
 - b. Activity is minimally difficult.
 - c. Activity is somewhat difficult.
 - d. Activity is fairly difficult.
 - e. Activity is very difficult.
 - f. I am unable to do the activity.
13. **Sit with your knee bent:**
 - a. Activity is not difficult.
 - b. Activity is minimally difficult.
 - c. Activity is somewhat difficult.
 - d. Activity is fairly difficult.
 - e. Activity is very difficult.
 - f. I am unable to do the activity.
14. **Rise from a chair:**
 - a. Activity is not difficult.
 - b. Activity is minimally difficult.
 - c. Activity is somewhat difficult.
 - d. Activity is fairly difficult.
 - e. Activity is very difficult.
 - f. I am unable to do the activity.