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Knee Outcome Survey (KOS)

Date

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? 9 0 1 2 3 4 5 6 7 8 10 1. **Pain**: 8. Go up stairs: a. I do not have this symptom. Activity is not difficult. a. b. I have the symptom, but it does not affect my activity. Activity is minimally difficult. h c. The symptom affects my activity slightly. c. Activity is somewhat difficult. d. The symptom affects my activity moderately. Activity is fairly difficult. d. e. The symptom affects my activity severely. Activity is very difficult. e. f. The symptom prevents me from all daily activity. I am unable to do the activity. f. 9. Go down stairs: Stiffness: Activity is not difficult. a. I do not have this symptom. a. I have the symptom, but it does not affect my activity. Activity is minimally difficult. b. b. The symptom affects my activity slightly. Activity is somewhat difficult. c. c. The symptom affects my activity moderately. d. Activity is fairly difficult. d. The symptom affects my activity severely. Activity is very difficult. e. e. f. The symptom prevents me from all daily activity. f. I am unable to do the activity. Swelling: 10. Stand: a. I do not have this symptom. Activity is not difficult. a. b. I have the symptom, but it does not affect my activity. Activity is minimally difficult. b. The symptom affects my activity slightly. Activity is somewhat difficult. c. c. Activity is fairly difficult. The symptom affects my activity moderately. d. d. The symptom affects my activity severely. Activity is very difficult. e. e. The symptom prevents me from all daily activity. I am unable to do the activity. f. f. Knee gives way – buckles or shifts: 11. Kneel on the front of your knee: I do not have this symptom. Activity is not difficult. a. a. b. I have the symptom, but it does not affect my activity. b. Activity is minimally difficult. C. The symptom affects my activity slightly. C. Activity is somewhat difficult. d. The symptom affects my activity moderately. d. Activity is fairly difficult. The symptom affects my activity severely. Activity is very difficult. e. e. f. The symptom prevents me from all daily activity. f. I am unable to do the activity. Weakness: 12. Squat: a. I do not have this symptom. Activity is not difficult. a. I have the symptom, but it does not affect my activity. Activity is minimally difficult. b. b. The symptom affects my activity slightly. Activity is somewhat difficult. c. c. The symptom affects my activity moderately. Activity is fairly difficult. d. d. The symptom affects my activity severely. Activity is very difficult. e. e. The symptom prevents me from all daily activity. I am unable to do the activity. f. f. 13. Sit with your knee bent: Limping: Activity is not difficult. a. I do not have this symptom. a. I have the symptom, but it does not affect my activity. Activity is minimally difficult. b. b. The symptom affects my activity slightly. Activity is somewhat difficult. C. C. d. The symptom affects my activity moderately. Activity is fairly difficult. d. The symptom affects my activity severely. Activity is very difficult. e. e.

The symptom prevents me from all daily activity. f.

7. Walk:

- Activity is not difficult. a.
- b. Activity is minimally difficult.
- Activity is somewhat difficult. c.
- Activity is fairly difficult. d.
- e. Activity is very difficult.
- f. I am unable to do the activity.

f. I am unable to do the activity.

14. Rise from a chair:

- Activity is not difficult. a.
- Activity is minimally difficult. b.
- Activity is somewhat difficult. C.
- Activity is fairly difficult. d.
- e. Activity is very difficult.
- f. I am unable to do the activity.