KOS FORM

KNEE OUTCOME SURVEY

Thank you for completing this patient-reported outcome questionnaire. Your responses help your provider determine the best treatment options and track your recovery progress over time. Please answer each of the questions included on this form.

NAME: _____ **DATE OF BIRTH:** (MM/DD/YYYY) _____

DID YOU HAVE SURGERY FOR THIS ISSUE PRIOR TO RECEIVING THERAPY? ☐ YES ☐ NO

PAIN SCORE: OVER THE PAST 24 HOURS, HOW BAD HAS YOUR PAIN BEEN?
CIRCLE THE NUMBER THAT BEST REPRESENTS YOUR PAIN.

NO PAIN 0 1 2 3 4 5 6 7 8 9 10 **WORST IMAGINABLE PAIN**

TO WHAT DEGREE DOES EACH OF THE FOLLOWING SYMPTOMS AFFECT YOUR LEVEL OF ACTIVITY?
FOR EACH ROW, MARK THE ONE BOX WHICH MOST CLOSELY DESCRIBES YOUR CURRENT CONDITION.

	I DO NOT HAVE THIS SYMPTOM	I HAVE THE SYMPTOM, BUT IT DOES NOT AFFECT MY ACTIVITY	THE SYMPTOM AFFECTS MY ACTIVITY SLIGHTLY	THE SYMPTOM AFFECTS MY ACTIVITY MODERATELY	THE SYMPTOM AFFECTS MY ACTIVITY SEVERELY	THE SYMPTOM PREVENTS ME FROM ALL DAILY ACTIVITY
1. PAIN	☐	☐	☐	☐	☐	☐
2. STIFFNESS	☐	☐	☐	☐	☐	☐
3. SWELLING	☐	☐	☐	☐	☐	☐
4. KNEE GIVES WAY: BUCKLING OR SHIFTS	☐	☐	☐	☐	☐	☐
5. WEAKNESS	☐	☐	☐	☐	☐	☐
6. LIMPING	☐	☐	☐	☐	☐	☐

keet health

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KNEE OUTCOME SURVEY

FUNCTIONAL LIMITATIONS WITH ACTIVITIES - HOW DOES YOUR KNEE AFFECT YOUR ABILITY TO:

FOR EACH ROW, MARK THE ONE BOX WHICH MOST CLOSELY DESCRIBES YOUR CURRENT CONDITION.

	ACTIVITY IS NOT DIFFICULT	ACTIVITY IS MINIMALLY DIFFICULT	ACTIVITY IS SOMEWHAT DIFFICULT	ACTIVITY IS FAIRLY DIFFICULT	ACTIVITY IS VERY DIFFICULT	I AM UNABLE TO DO THE ACTIVITY
7. WALK	☐	☐	☐	☐	☐	☐
8. GO UP STAIRS	☐	☐	☐	☐	☐	☐
9. GO DOWN STAIRS	☐	☐	☐	☐	☐	☐
10. STAND	☐	☐	☐	☐	☐	☐
11. KNEEL ON FRONT OF YOUR KNEE	☐	☐	☐	☐	☐	☐
12. SQUAT	☐	☐	☐	☐	☐	☐
13. SIT WITH YOUR KNEE BENT	☐	☐	☐	☐	☐	☐
14. RISE FROM A CHAIR	☐	☐	☐	☐	☐	☐

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