Name: _____

Account: _____ **Date**: _____

KNEE SURVEY – KOOS, JR

INSTRUCTIONS: This survey asks for your view about your knees. This information will help us keep track of how you feel about your knees and how well you are able to do your usual activities.

Answer every question by ticking the appropriate box for each side, **only one box for each question**. If you are unsure about how to answer a question, please give the best answer you can.

Stiffness: The following question concerns the amount of joint stiffness you have experienced during the **last week** in your knee. Stiffness is a sensation of restriction or slowness in the ease with which you move your knee joint.

1. How severe is your knee stiffness after first wakening in the morning?

Right:	☐ None	☐ Mild	☐ Moderate	☐ Severe	☐ Extreme
Left:	☐ None	☐ Mild	☐ Moderate	☐ Severe	☐ Extreme

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

2. Twisting/pivoting on your knee

Right:	☐ None	☐ Mild	☐ Moderate	☐ Severe	☐ Extreme
Left:	☐ None	☐ Mild	☐ Moderate	☐ Severe	☐ Extreme

3. Straightening knee fully

Right:	☐ None	☐ Mild	☐ Moderate	☐ Severe	☐ Extreme
Left:	☐ None	☐ Mild	☐ Moderate	☐ Severe	☐ Extreme

4. Going up or down stairs

Right:	☐ None	☐ Mild	☐ Moderate	☐ Severe	☐ Extreme
Left:	☐ None	☐ Mild	☐ Moderate	☐ Severe	☐ Extreme

5. Standing upright

Right:	☐ None	☐ Mild	☐ Moderate	☐ Severe	☐ Extreme
Left:	☐ None	☐ Mild	☐ Moderate	☐ Severe	☐ 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.

6. Rising from sitting

Right:	☐ None	☐ Mild	☐ Moderate	☐ Severe	☐ Extreme
Left:	☐ None	☐ Mild	☐ Moderate	☐ Severe	☐ Extreme

7. Bending to floor/pick up an object

Right:	☐ None	☐ Mild	☐ Moderate	☐ Severe	☐ Extreme
Left:	☐ None	☐ Mild	☐ Moderate	☐ Severe	☐ Extreme

Name: _____

Account: _____ **Date**: _____

AORI Clinical Knee Forms: Patient Satisfaction Questionnaire

Please answer the questions below by ticking the appropriate box for each side, **only one box for each question**. If you are unsure about how to answer a question, please give the best answer you can.

Left Knee	**Right Knee**
☐ Not replaced **(stop here)**	☐ Not replaced **(stop here)**
Are you **satisfied** with your ***left*** knee replacement? ☐ YES ☐ NO	Are you **satisfied** with your ***right*** knee replacement? ☐ YES ☐ NO
Do you have **better function** in your knee since your ***left*** knee replacement? ☐ YES ☐ NO	Do you have **better function** in your knee since your ***right*** knee replacement? ☐ YES ☐ NO
Do you have **less pain** in your knee since your ***left*** knee replacement? ☐ YES ☐ NO	Do you have **less pain** in your knee since your ***right*** knee replacement? ☐ YES ☐ NO

Name: _____

Account: _____ **Date**: _____

PROMIS® Scale v1.2 – Global Health

Please respond to each question or statement by marking **one box per row**.

1. In general, would you say your health is:

☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor

2. In general, would you say your quality of life is:

☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor

3. In general, how would you rate your physical health?

☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor

4. In general, how would you rate your mental health, including your mood and your ability to think?

☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor

5. In general, how would you rate your satisfaction with your social activities and relationships?

☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor

6. In general, please rate how well you carry out your usual social activities and roles. (This includes activities at home, at work and in your community, and responsibilities as a parent, child, spouse, employee, friend, etc.)

☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor

7. To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?

☐ Completely ☐ Mostly ☐ Moderately ☐ A little ☐ Not at all

8. **In the past 7 days**, how often have you been bothered by emotional problems such as feeling anxious, depressed or irritable?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

9. **In the past 7 days**, how would you rate your fatigue on average?

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Very severe

10. **In the past 7 days**, how would you rate your pain on average?

☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
0	1	2	3	4	5	6	7	8	9	10
No pain										Worst pain imaginable