KOOS-Physical Function Shortform (KOOS-PS)

Today’s date:_______/_______/______  Date of birth: _______/________/_______
Name: _______________________________________________________________

INSTRUCTIONS: This survey asks for your view about your knee. This information will help us keep track of how well you are able to perform different activities. Answer every question by ticking the appropriate box, only one box for each question. If you are unsure about how to answer a question, please give the best answer you can so that you answer all the questions.

The following questions concern your level of function in performing usual daily activities and higher level activities. For each of the following activities, please indicate the degree of difficulty you have experienced in the last week due to your knee problem.

1. Rising from bed
   - None
   - Mild
   - Moderate
   - Severe
   - Extreme

2. Putting on socks/stockings
   - None
   - Mild
   - Moderate
   - Severe
   - Extreme

3. Rising from sitting
   - None
   - Mild
   - Moderate
   - Severe
   - Extreme

4. Bending to floor
   - None
   - Mild
   - Moderate
   - Severe
   - Extreme

5. Twisting/pivoting on your injured knee
   - None
   - Mild
   - Moderate
   - Severe
   - Extreme

6. Kneeling
   - None
   - Mild
   - Moderate
   - Severe
   - Extreme

7. Squatting
   - None
   - Mild
   - Moderate
   - Severe
   - Extreme