**INSTRUCTIONS:** This survey asks for your view about your knee. This information will help us keep track of how you feel about your knee and how well you are able to do your usual activities*. Please answer every question by checking 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.

**Stiffness:** These questions concern the amount of joint stiffness you have experienced in your knee **during the last week**. 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?

**None Mild Moderate Severe Extreme**

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

2. Twisting/pivoting on your knee.

**None Mild Moderate Severe Extreme**

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3. Straightening the knee fully.

**None Mild Moderate Severe Extreme**

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4. Going up or down stairs.

**None Mild Moderate Severe Extreme**

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5. Standing upright.

**None Mild Moderate Severe Extreme**

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**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.

**None Mild Moderate Severe Extreme**

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7. Bending to the floor/pick up an object from the floor.

**None Mild Moderate Severe Extreme**

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