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. 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.

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 of which you move your knee joint.

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

   None [ ] Mild [ ] Moderate [ ] Severe [ ] Extreme [ ]

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

2. Twisting/pivoting on your knee

   None [ ] Mild [ ] Moderate [ ] Severe [ ] Extreme [ ]

3. Straightening knee fully

   None [ ] Mild [ ] Moderate [ ] Severe [ ] Extreme [ ]

4. Going up or down stairs

   None [ ] Mild [ ] Moderate [ ] Severe [ ] Extreme [ ]

5. Standing upright

   None [ ] Mild [ ] Moderate [ ] Severe [ ] Extreme [ ]

(Continue on next page for Function, daily living)
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

<table>
<thead>
<tr>
<th>None</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
<th>Extreme</th>
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7. Bending to floor/pick up an object

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<tr>
<th>None</th>
<th>Mild</th>
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<th>Severe</th>
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