

APPENDIX 2: KOOS-ACL

**Instructions:**

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 your best answer.

**Function**

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

None	Mild	Moderate	Severe	Extreme

2 to 8. 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 two weeks due to your knee.

	None	Mild	Moderate	Severe	Extreme
Descending Stairs					
Standing					
Bending to floor/picking up an object					
Walking on flat surface					
Lying in bed (rolling over, maintaining knee position)					
Sitting					
Light domestic duties (cooking, dusting, etc.)					

**Sport**

1 to 3. The following questions concern your physical function when being active on a higher level. The questions should be answered thinking of what degree of difficulty you have experienced during the last two weeks due to your knee.

	None	Mild	Moderate	Severe	Extreme
Running					
Jumping					
Twisting/pivoting on your knee					

4. How much are you troubled with lack of confidence in your knee?

Not At All	Mildly	Moderately	Severely	Totally