

Pain

P1. How often do you experience knee pain?

Never

Monthly

Weekly

Daily

Always

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

P2. Twisting/pivoting on your knee

None

Mild

Moderate

Severe

Extreme

P3. Straightening knee fully

None

Mild

Moderate

Severe

Extreme

P4. Bending knee fully

None

Mild

Moderate

Severe

Extreme

P5. Walking on flat surface

None

Mild

Moderate

Severe

Extreme

P6. Going up or down stairs

None

Mild

Moderate

Severe

Extreme

P7. At night while in bed

None

Mild

Moderate

Severe

Extreme

P8. Sitting or lying

None

Mild

Moderate

Severe

Extreme

P9. Standing upright

None

Mild

Moderate

Severe

Extreme