Multimedia Appendix 2. Knee Exercise Eligibility Score (KEES)

1. Do you have knee pain?
   (Correct answer=Yes)

2. Have you ever been told you should only do physical activity that has been recommended by a Doctor?
   (Correct answer=No)

3. Do you ever have pain in your chest when exercising?
   (Correct answer=No)

4. When exercising do you ever get dizzy, lose your balance or fall?
   (Correct answer=No)

5. Do you have any other reason why you should not exercise?
   (Correct answer=No)

6. Does your knee currently have painful swelling?
   (Correct answer=No)

7. Are you able to walk without assistance (cane, walker, etc.)?
   (Correct answer=Yes)

8. Do you have clicking, locking, popping in your knee OR pain that awakens you from sleep?
   (Correct answer=No)

9. Have you had knee surgery in the past year or has your doctor told you that you need a knee surgery?
   (Correct answer=No)
10. “Do you have a workers comp claim or pending litigation? (Correct answer = No)