

2000 IKDC SUBJECTIVE KNEE EVALUATION FORM

Patient Name: _____ **Date:** _____
First Last

Physician: _____ **Date of Injury:** _____

SYMPTOMS*:

*Grade symptoms at the highest activity level at which you think you could function without significant symptoms, even if you are not actually performing activities at this level.

1. What is the highest level of activity that you can perform without significant knee pain?

- Very strenuous activities like jumping or pivoting as in basketball or soccer
- Strenuous activities like heavy physical work, skiing or tennis
- Moderate activities like moderate physical work, running or jogging
- Light activities like walking, housework or yard work
- Unable to perform any of the above activities due to knee pain

2. During the past 4 weeks, or since your injury, how often have you had pain?

	0	1	2	3	4	5	6	7	8	9	10	
Never	<input type="checkbox"/>	Constant										

3. If you have pain, how severe is it?

	0	1	2	3	4	5	6	7	8	9	10	
No pain	<input type="checkbox"/>	Worst pain imaginable										

4. During the past 4 weeks, or since your injury, how stiff or swollen was your knee?

- Not at all
- Mildly
- Moderately
- Very
- Extremely

5. What is the highest level of activity you can perform without significant swelling in your knee?

- Very strenuous activities like jumping or pivoting as in basketball or soccer
- Strenuous activities like heavy physical work, skiing or tennis
- Moderate activities like moderate physical work, running or jogging
- Light activities like walking, housework or yard work
- Unable to perform any of the above activities due to knee swelling

6. During the past 4 weeks, or since your injury, did your knee lock or catch?

- Yes No

7. What is the highest level of activity you can perform without significant giving way in your knee?

- Very strenuous activities like jumping or pivoting as in basketball or soccer
- Strenuous activities like heavy physical work, skiing or tennis
- Moderate activities like moderate physical work, running or jogging
- Light activities like walking, housework or yard work
- Unable to perform any of the above activities due to giving way of the knee

IKDC SCORE

SPORTS ACTIVITIES:

8. What is the highest level of activity you can participate in on a regular basis?
- Very strenuous activities like jumping or pivoting as in basketball or soccer
 - Strenuous activities like heavy physical work, skiing or tennis
 - Moderate activities like moderate physical work, running or jogging
 - Light activities like walking, housework or yard work
 - Unable to perform any of the above activities due to knee

9. How does your knee affect your ability to:

		Not difficult at all	Minimally difficult	Moderately Difficult	Extremely difficult	Unable to do
a.	Go up stairs	<input type="checkbox"/>				
b.	Go down stairs	<input type="checkbox"/>				
c.	Kneel on the front of your knee	<input type="checkbox"/>				
d.	Squat	<input type="checkbox"/>				
e.	Sit with your knee bent	<input type="checkbox"/>				
f.	Rise from a chair	<input type="checkbox"/>				
g.	Run straight ahead	<input type="checkbox"/>				
h.	Jump and land on your involved leg	<input type="checkbox"/>				
i.	Stop and start quickly	<input type="checkbox"/>				

FUNCTION:

10. How would you rate the function of your knee on a scale of 0 to 10 with 10 being normal, excellent function and 0 being the inability to perform any of your usual daily activities which may include sports?

FUNCTION PRIOR TO YOUR KNEE INJURY:

	0	1	2	3	4	5	6	7	8	9	10	
Couldn't perform daily activities	<input type="checkbox"/>	No limitation in daily activities										

CURRENT FUNCTION OF YOUR KNEE:

	0	1	2	3	4	5	6	7	8	9	10	
Couldn't perform daily activities	<input type="checkbox"/>	No limitation in daily activities										

	IKDC Score
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During the **past week**, please tell us about how painful your knees were during the following activities.
 (Circle ONE response on each line that best describes your average ability for each joint.)

		Not painful	Mildly painful	Moderately painful	Very painful	Extremely painful	Could not do because of knee pain	Could not do for other reasons
11.	Walking on flat surfaces?							
	Right Knee	1	2	3	4	5	6	7
	Left Knee	1	2	3	4	5	6	7
							Could not do because of knee pain	Could not do for other reasons
12.	Lying in bed at night?							
	Right Knee	1	2	3	4	5	6	7
	Left Knee	1	2	3	4	5	6	7
13.	Which of the following statements best describes your ability to get around most of the time during the past week ? (Circle one response.)							
	1 I did not need support or assistance at all.							
	2 I mostly walked without support or assistance.							
	3 I mostly used one cane or crutch to help me get around							
	4 I mostly used two canes, two crutches or a walker to help me get around.							
	5 I used a wheelchair.							
	6 I mostly used other supports or someone else had to help me get around.							
	7 I was unable to get around at all.							
14.	How difficult was it for you to put on or take off socks/stockings during the past week ? (Circle one response.)							
	1 Not at all difficult							
	2 Slightly difficult							
	3 Moderately difficult							
	4 Very difficult							
	5 Extremely difficult							
	6 Cannot do it at all							