IKDC Subjective Knee Evaluation

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?
   - 4. Very strenuous activities like jumping or pivoting as in gymnastics or football
   - 3. Strenuous activities like heavy physical work, skiing or tennis
   - 2. Moderate activities like moderate physical work, running or jogging
   - 1. Light activities like walking, housework or gardening
   - 0. 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?
   - Never
   - 1
   - 2
   - 3
   - 4
   - 5
   - 6
   - 7
   - 8
   - 9
   - 10 Constant

3. If you have pain, how severe is it?
   - No pain
   - 1
   - 2
   - 3
   - 4
   - 5
   - 6
   - 7
   - 8
   - 9
   - 10 Worst pain imaginable

4. During the past 4 weeks, or since your injury, how stiff or swollen has your knee been?
   - 4. Not at all
   - 3. Mildly
   - 2. Moderately
   - 1. Very
   - 0. Extremely

5. What is the highest level of activity you can perform without significant swelling in your knee?
   - 4. Very strenuous activities like jumping or pivoting as in gymnastics or football
   - 3. Strenuous activities like heavy physical work, skiing or tennis
   - 2. Moderate activities like moderate physical work, running or jogging
   - 1. Light activities like walking, housework or gardening
   - 0. Unable to perform any of the above activities due to knee swelling

6. During the past 4 weeks, or since your injury, has your knee locked or caught?
   - Yes
   - No

7. What is the highest level of activity you can perform without significant giving way in your knee?
   - 4. Very strenuous activities like jumping or pivoting as in gymnastics or football
   - 3. Strenuous activities like heavy physical work, skiing or tennis
   - 2. Moderate activities like moderate physical work, running or jogging
   - 1. Light activities like walking, housework or gardening
   - 0. Unable to perform any of the above activities due to giving way of the knee
SPORT ACTIVITIES:

8. What is the highest level of activity you can participate in on a regular basis?
   - 4: Very strenuous activities like jumping or pivoting as in gymnastics or football
   - 3: Strenuous activities like heavy physical work, skiing or tennis
   - 2: Moderate activities like moderate physical work, running or jogging
   - 1: Light activities like walking, housework or gardening
   - 0: 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
   b. Go down stairs
   c. Kneel on the front of your knee
   d. Squat
   e. Sit with your knee bent
   f. Rise from a chair
   g. Run straight ahead
   h. Jump and land on your involved leg
   i. Stop and start quickly

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 sport?

FUNCTION PRIOR TO YOUR KNEE INJURY:

   | Couldn’t perform daily activities | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | No limitation in daily activities
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CURRENT FUNCTION OF YOUR KNEE:

   | Cannot perform daily activities | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | No limitation in daily activities
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