

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**

1.How would you describe the pain you usually have from your knee?

- ☐ None
- ☐ Very mild
- ☐ mild
- ☐ Moderate
- ☐ Severe

2.Have you had any trouble with washing and drying yourself (all over) because of your knee?

- ☐ No trouble at all
- ☐ Very little trouble
- ☐ Moderate trouble
- ☐ Extreme difficult
- ☐ Impossible to do

3.Have you had any trouble getting in and out of a car or using public transport because of your knee? (whichever you would tend to use)

- ☐ No trouble at all
- ☐ Very little trouble
- ☐ Moderate trouble
- ☐ Extreme difficult
- ☐ Impossible to do

4.For how long have you been able to walk before pain from your knee

- ☐ No pain/ More than 30 minutes
- ☐ 16 to 30 minutes
- ☐ 5 to 15 minutes
- ☐ Around the house only
- ☐ Not at all - pain severe when walking

5.After a meal (sat at a table), how painful has it been for you to stand up from a chair because of your knee?

- ☐ No at all painful
- ☐ slightly painful
- ☐ Moderately painful
- ☐ Very painful
- ☐ Unbearable

6. Have you been limping when walking, because of your knee?

- ☐ Rarely/Never
- ☐ Sometimes, or just at first
- ☐ Often not just at first
- ☐ Most of the time
- ☐ All of the time

7.Could you kneel down and get up again afterwards?

- ☐ Yes , easily
- ☐ With little difficulty
- ☐ With moderate difficulty
- ☐ With extreme difficulty
- ☐ No, impossible

8.Have you been troubled by pain from your knee in bed at night?

- ☐ No nights
- ☐ Only 1 or 2 nights
- ☐ some nights
- ☐ Most nights
- ☐ Every nights

9.How much has pain from your knee interfered with your usual work (including housework)?

- ☐ Not at all
- ☐ A little bit
- ☐ Moderately

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- ☐ Greatly
☐ Totally

10. Have you felt that your knee might suddenly 'give way' or let you

- ☐ Rarely/Never
☐ Sometimes, or just at first
☐ Often not just at first
☐ Most of the time
☐ All of the time

11. could you do the household shopping on your own?

- ☐ Yes , easily
☐ With little difficulty
☐ With moderate difficulty
☐ With extreme difficulty
☐ No, impossible

12. could you walk down one flight of stairs?

- ☐ Yes , easily
☐ With little difficulty
☐ With moderate difficulty
☐ With extreme difficulty
☐ No, impossible

Comment:

Answering date:

Day Month Year

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