

# IKDC Subjective Knee Evaluation

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

- ☐ Very strenuous activities like jumping or pivoting as in gymnastics or football
- ☐ Strenuous activities like heavy physical work, skiing or tennis
- ☐ Moderate activities like moderate physical work, running or jogging
- ☐ Light activities like walking, housework or gardening
- ☐ 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 0 1 2 3 4 6 7 8 9 10 constant

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

No pain 0 1 2 3 4 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?**

- ☐ Not at all
- ☐ Mild
- ☐ Moderate
- ☐ Severe
- ☐ Extreme

**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 gymnastics or football
- ☐ Strenuous activities like heavy physical work, skiing or tennis
- ☐ Moderate activities like moderate physical work, running or jogging
- ☐ Light activities like walking, housework or gardening
- ☐ 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?**

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

**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 gymnastics or football
- ☐ Strenuous activities like heavy physical work, skiing or tennis
- ☐ Moderate activities like moderate physical work, running or jogging
- ☐ Light activities like walking, housework or gardening
- ☐ Unable to perform any of the above activities due to knee

**9. How does your knee affect your ability to:**

**a. Go up stairs**

- ☐ Not difficult at all
- ☐ Minimally difficult
- ☐ Moderately Difficult
- ☐ Extremely difficult
- ☐ Unable to do

**b. Go down stairs**

- ☐ Not difficult at all

- ☐ Minimally difficult  
☐ Moderately Difficult  
☐ Extremely difficult  
☐ Unable to do

**c. Kneel on the front of your knee**

- ☐ Not difficult at all  
☐ Minimally difficult  
☐ Moderately Difficult  
☐ Extremely difficult  
☐ Unable to do

**d. Squat**

- ☐ Not difficult at all  
☐ Minimally difficult  
☐ Moderately Difficult  
☐ Extremely difficult  
☐ Unable to do

**e. Sit with your knee bent**

- ☐ Not difficult at all  
☐ Minimally difficult  
☐ Moderately Difficult  
☐ Extremely difficult  
☐ Unable to do

**f. Rise from a chair**

- ☐ Not difficult at all  
☐ Minimally difficult  
☐ Moderately Difficult  
☐ Extremely difficult  
☐ Unable to do

**g. Run straight ahead**

- ☐ Not difficult at all  
☐ Minimally difficult  
☐ Moderately Difficult  
☐ Extremely difficult  
☐ Unable to do

**h. Jump and land on your involved leg**

- ☐ Not difficult at all  
☐ Minimally difficult  
☐ Moderately Difficult  
☐ Extremely difficult  
☐ Unable to do

**i. Stop and start quickly**

- ☐ Not difficult at all  
☐ Minimally difficult  
☐ Moderately Difficult  
☐ Extremely difficult  
☐ Unable to do

## 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 activities which may include sport?

**a.FUNCTION PRIOR TO YOUR KNEE INJURY:**

Could't perform daily activities 0 1 2 3 4 6 7 8 9 10 no limitation in daily activities

**b.CURRENT FUNCTION OF YOUR KNEE:**

Could't perform daily activities 0 1 2 3 4 6 7 8 9 10 no limitation in daily activities

Comment:

Anwering date:

Day

0

Month

0

Year

2015

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