



Patient Name: _____ Date: _____

Please Check One: Initial Appointment Pre-op Appointment Post-op Appointment

Procedure (if post-op): _____

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 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?

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

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

	1	2	3	4	5	6	7	8	9	10		
Never	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The worst Possible Pain

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 pain

6. During the past 4 weeks, or since your injury, did your knee lock or catch?
 - Yes No



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INSTRUCTIONS:

This survey asks you for your view about your knee. This information will help us keep track of how you feel about your knee and how well you are able to do your usual activities. Answer every question by checking the appropriate box, only one box for each question. If you are unsure about how to answer a question, please give the best answer you can.

Symptoms

These questions should be answered thinking of your knee symptoms during the **last week**.

S1. Do you have swelling in your knee?

Never Rarely Sometimes Often Always

S2. Do you feel grinding, hear clicking or any other type of noise when your knee moves?

Never Rarely Sometimes Often Always

S3. Does your knee catch or hang up when moving?

Never Rarely Sometimes Often Always

S4. Can you straighten your knee fully?

Never Rarely Sometimes Often Always

S5. Can you bend your knee fully?

Never Rarely Sometimes Often Always

Stiffness

The following questions concern the amount of joint stiffness you have experienced during the **last week** in your knee. Stiffness is a sensation of restriction or slowness in the ease with which you move your knee joint.

S6. How severe is your knee joint stiffness after first wakening **in the morning**?

None Mild Moderate Severe Extreme

S7. How severe is your knee joint stiffness after sitting, lying or resting **later in the day**?

None Mild Moderate Severe Extreme



Pain

P1. How often do you experience knee pain?

- Never
- Rarely
- Sometimes
- Often
- Always

What amount of knee pain have you experienced the **last week** during the following activities?

P2. Twisting or pivoting on your knee

- None
- Mild
- Moderate
- Severe
- Extreme

P3. Straightening knee fully

- None
- Mild
- Moderate
- Severe
- Extreme

P4. Bending knee fully

- None
- Mild
- Moderate
- Severe
- Extreme

P5. Walking on flat surface

- None
- Mild
- Moderate
- Severe
- Extreme

P6. Going up or down stairs

- None
- Mild
- Moderate
- Severe
- Extreme

P7. At night while in bed

- None
- Mild
- Moderate
- Severe
- Extreme

P8. Sitting or lying

- None
- Mild
- Moderate
- Severe
- Extreme

P9. Standing upright

- None
- Mild
- Moderate
- Severe
- Extreme

Function, daily living

The following questions concern your physical function. By this we mean your ability to move around and to look after yourself. For each of the following activities please indicate the degree of difficulty you have experienced in the **last week** due to your knee.

A1. Descending stairs

- Never
- Rarely
- Sometimes
- Often
- Always

A2. Ascending stairs

- None
- Mildly
- Moderate
- Severe
- Extreme

A3. Rising from sitting

- None
- Mildly
- Moderate
- Severe
- Extreme



A4. Standing
 None Mildly Moderate Severe Extreme

A5. Bending to floor/picking up an object
 None Mildly Moderate Severe Extreme

A6. Walking on a flat surface
 None Mildly Moderate Severe Extreme

A7. Getting in/out of car
 None Mildly Moderate Severe Extreme

For each of the following activities please indicate the degree of difficulty you have experienced in the **last week** due to your knee.

A8. Going shopping
 None Mildly Moderate Severe Extreme

A9. Putting on socks/stockings
 None Mildly Moderate Severe Extreme

A10. Taking off socks/stockings
 None Mildly Moderate Severe Extreme

A11. Rising from bed
 None Mildly Moderate Severe Extreme

A12. Lying in bed (turning over, maintaining knee position)
 None Mildly Moderate Severe Extreme

A13. Getting in/out of bath
 None Mildly Moderate Severe Extreme

A14. Sitting
 None Mildly Moderate Severe Extreme

A15. Getting on/off toilet
 None Mildly Moderate Severe Extreme

A16. Heavy domestic duties (moving heavy boxes, scrubbing floors, etc.)
 None Mildly Moderate Severe Extreme

A17. Light domestic duties (cooking, dusting, etc.)
 None Mildly Moderate Severe Extreme

**Function, sports and recreational activities**

The following questions concern your physical function when being active on a higher level. The questions should be answered thinking of what degree of difficulty you have experienced in the **last week** due to your knee.

SP1. Squatting

 Never Rarely Sometimes Often Always

SP2. Running

 None Mildly Moderate Severe Extreme

SP3. Jumping

 None Mildly Moderate Severe Extreme

SP4. Standing

 None Mildly Moderate Severe Extreme

SP5. Bending to floor/pick up and object

 None Mildly Moderate Severe Extreme**Quality of Life**

Q1. How often are you aware of your knee problem?

 Never Rarely Sometimes Often Always

Q2. Have you modified your life style to avoid potentially damaging activities to your knee?

 Not at all Mildly Moderate Severely Totally

Q3. How much are you troubled with lack of confidence in your knee?

 Not at all Mildly Moderate Severely Totally

Q4. In general, how much difficulty do you have with your knee?

 None Mildly Moderate Severe Extreme