

## International Knee Documentation Committee

### Subjective Knee Evaluation Form

#### Instructions for completion of this questionnaire:

- **Answer each question based on your condition within the past week.**
- Please answer EVERY question with ONE answer to the best of your ability.

PATIENT NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

DATE: \_\_\_\_\_

BODY PART: \_\_\_\_\_

How would you rate your knee today as a percentage of normal (0% to 100%), with 100% being normal?

## IKDC SUBJECTIVE KNEE EVALUATION FORM

**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 basketball or soccer
- 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 yard work
- 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?

- 10    9    8    7    6    5    4    3    2    1    0  
Never                                  Constant

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

- 10    9    8    7    6    5    4    3    2    1    0  
No pain                                  Worst pain  
imaginable

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

- 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 basketball or soccer
- 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 yard work
- 0  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?    0  Yes    1  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 basketball or soccer
- 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 yard work
- 0  Unable to perform any of the above activities due to giving way of the knee

**OFFICE USE:**

Symptom Score: \_\_\_\_\_

**SPORTS 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 basketball or soccer
- 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 yard work
- 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	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b.	Go down stairs	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c.	Kneel on the front of your knee	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d.	Squat	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e.	Sit with your knee bent	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f.	Rise from a chair	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
g.	Run straight ahead	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
h.	Jump and land on your involved leg	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
i.	Stop and start quickly	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <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:

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

**CURRENT** FUNCTION OF YOUR KNEE:

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

<p><b>OFFICE USE:</b> Activity Score: _____</p>
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## **Tegner Activity Scale**

The instrument scores a person's activity level between 0 and 10 where 0 is 'on sick leave/disability' and 10 is 'participation in competitive sports such as soccer at a "national elite" level. Please select the most appropriate activity level from the list below for both before your injury and your current activity level.

**Activity Level Before Injury** \_\_\_\_\_

**Current Activity Level** \_\_\_\_\_

<b>Level 10</b>	Competitive sports- soccer, football, rugby (national elite)
<b>Level 9</b>	Competitive sports- soccer, football, rugby (lower divisions), ice hockey, wrestling, gymnastics, basketball
<b>Level 8</b>	Competitive sports- racquetball or bandy, squash or badminton, track and field athletics (jumping, etc.), down-hill skiing
<b>Level 7</b>	Competitive sports- tennis, running, motorcars speedway, handball Recreational sports- soccer, football, rugby, bandy, ice hockey, basketball, squash, racquetball, running
<b>Level 6</b>	Recreational sports- tennis and badminton, handball, racquetball, down-hill skiing, jogging at least 5 times per week
<b>Level 5</b>	Work- heavy labor (construction, etc.) Competitive sports- cycling, cross-country skiing, Recreational sports- jogging on uneven ground at least twice weekly
<b>Level 4</b>	Work - moderately heavy labor (e.g. truck driving, etc.)
<b>Level 3</b>	Work - light labor (nursing, etc.)
<b>Level 2</b>	Work - light labor Walking on uneven ground possible, but impossible to back pack or hike
<b>Level 1</b>	Work - sedentary (secretarial, etc.)
<b>Level 0</b>	Sick leave or disability pension because of knee problems

**For staff use ONLY:**

**SCORING:**

Scored from 4 to 0, with 4 being 'no difficulty' and 0 being 'unable to do'. Simply add the score for each item and divide by the maximum possible score which is 87. This value is then multiplied by 100 to get a percentage.

Note: the response to item 10a "function prior to knee injury" is not included in overall score. The response to item 6 "did your knee lock" yes=0, no=1.

**IKDC score= (sum of items/87)x100**

IKDC score= \_\_\_\_\_%

**A higher score = a higher level of physical function (100% = full function)**

Tegner Activity Scale

Before Injury Activity Level= \_\_\_\_\_  
Current Activity Level= \_\_\_\_\_

SANE (Single Assessment Numeric Evaluation):

\_\_\_\_\_%

**STATISTICAL DATA:**

**IKDC: MDC - (minimal detectable change): 13 pts**

**MCID – (minimal clinically important difference): 12 pts**