



IKDC Knee Score

Patient name:

INSTRUCTIONS: This survey asks 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 ticking the appropriate box. 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**.

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 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?

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

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

No Pain 0 1 2 3 4 5 6 7 8 9 10 Worst 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 swelling

6. During the past 4 weeks, or since your injury, did your knee lock or catch?

- 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 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 giving way of the knee

Sports activities

8.	What is the highest level of activity you can participate in on a regular basis?
<input type="radio"/>	Very strenuous activities like jumping or pivoting as in basketball or soccer
<input type="radio"/>	Strenuous activities like heavy physical work, skiing or tennis
<input type="radio"/>	Moderate activities like moderate physical work, running or jogging
<input type="radio"/>	Light activities like walking, housework or yard work
<input type="radio"/>	Unable to perform any of the above activities due to giving way of the knee

9.	How does your knee affect your ability to:									
a. Go up stairs	<input type="radio"/>	No difficulty	<input type="radio"/>	Minimal difficulty	<input type="radio"/>	Moderate difficulty	<input type="radio"/>	Extreme difficulty	<input type="radio"/>	Unable to do
b. Go down stairs	<input type="radio"/>		<input type="radio"/>	difficulty	<input type="radio"/>	difficulty	<input type="radio"/>	difficulty	<input type="radio"/>	
c. Kneel on the front of your knee	<input type="radio"/>	No difficulty	<input type="radio"/>	Minimal difficulty	<input type="radio"/>	Moderate difficulty	<input type="radio"/>	Extreme difficulty	<input type="radio"/>	Unable to do
d. Squat	<input type="radio"/>	No difficulty	<input type="radio"/>	Minimal difficulty	<input type="radio"/>	Moderate difficulty	<input type="radio"/>	Extreme difficulty	<input type="radio"/>	Unable to do
e. Sit with your knee bent	<input type="radio"/>	No difficulty	<input type="radio"/>	Minimal difficulty	<input type="radio"/>	Moderate difficulty	<input type="radio"/>	Extreme difficulty	<input type="radio"/>	Unable to do
f. Rise from a chair	<input type="radio"/>	No difficulty	<input type="radio"/>	Minimal difficulty	<input type="radio"/>	Moderate difficulty	<input type="radio"/>	Extreme difficulty	<input type="radio"/>	Unable to do
g. Run straight ahead	<input type="radio"/>	No difficulty	<input type="radio"/>	Minimal difficulty	<input type="radio"/>	Moderate difficulty	<input type="radio"/>	Extreme difficulty	<input type="radio"/>	Unable to do
h. Jump and land on your involved leg	<input type="radio"/>	No difficulty	<input type="radio"/>	Minimal difficulty	<input type="radio"/>	Moderate difficulty	<input type="radio"/>	Extreme difficulty	<input type="radio"/>	Unable to do
i. Stop and start quickly	<input type="radio"/>	No difficulty	<input type="radio"/>	Minimal difficulty	<input type="radio"/>	Moderate difficulty	<input type="radio"/>	Extreme difficulty	<input type="radio"/>	Unable to do

Function, and activity of daily living - 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 during the **last week** due to your knee.

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?
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Function prior to knee injury

Can not perform ADL 0 1 2 3 4 5 6 7 8 9 10 No limitation of ADL

Current function of your knee:

Can not perform ADL 0 1 2 3 4 5 6 7 8 9 10 No limitation of ADL

IKDC Score is

Thank you very much for completing all the questions in this questionnaire.