Pedi-IKDC Subjective Knee Form

Section A: GENERAL INFORMATION

1. Patient's Age: __ __ years

2. Patient's Gender: ❑ Male ❑ Female

3. Date distributed: __ __ / __ __ / __ __ __ __
   MM DD YYYY

Section B: SYMPTOMS & SPORTS ACTIVITIES

Date you injured your knee: __ __ / __ __ / __ __ __ __
MM DD YYYY

We would like to learn more about your injured knee. Each of the questions asks you a different question about your injured knee. Please answer each question below.

SYMPTOMS

1. If you were asked to do the activities below, what is the most you could do today without making your injured knee **hurt a lot**?

   ❑$_1$ Very hard activities like jumping or turning fast to change direction, like in basketball or soccer
   ❑$_2$ Hard activities like heavy lifting, skiing or tennis
   ❑$_3$ Sort of hard activities like walking fast or jogging
   ❑$_4$ Light activities like walking at a normal speed
   ❑$_5$ I can't do any of the activities listed above because my knee hurts too much now

2. During the past 4 weeks, or since your injury, how much of the time did your injured knee hurt?

Never hurt	0	1	2	3	4	5	6	7	8	9	10	**Hurt all of the time**
	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	

3. How badly does your injured knee hurt today?

Does not hurt at all	0	1	2	3	4	5	6	7	8	9	10	**Hurts so much I can't stand it**
	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	

4. During the past 4 weeks, or since your injury, how **hard has it been to move or bend** your injured knee?

   ❑$_1$ Not at all hard
   ❑$_2$ A little hard
   ❑$_3$ Somewhat hard
   ❑$_4$ Very hard
   ❑$_5$ Extremely hard

5. During the past 4 weeks, or since your injury, how **puffy (or swollen)** was your injured knee?

- ❑$_1$ Not at all puffy
- ❑$_2$ A little puffy
- ❑$_3$ Somewhat puffy
- ❑$_4$ Very puffy
- ❑$_5$ Extremely puffy

6. If you were asked to do the activities below, what is the most you could do today without making your injured knee **puffy (or swollen)**?

- ❑$_1$ Very hard activities like jumping or turning fast to change direction, like in basketball or soccer
- ❑$_2$ Hard activities like heavy lifting, skiing or tennis
- ❑$_3$ Sort of hard activities like walking fast or jogging
- ❑$_4$ Light activities like walking at a normal speed
- ❑$_5$ I can't do any of the activities listed above because my injured knee is puffy even when I rest

	Yes	No
7. During the past 4 weeks, or since your injury, did your injured knee ever **get stuck in place (lock)** so that you could not move it?	❑$_1$	❑$_2$
8. During the past 4 weeks, or since your injury, did your injured knee **ever feel like it was getting stuck (catching)**, but you could still move it?	❑$_1$	❑$_2$

9. If you were asked to do the activities below, what is the most you could do today without your injured knee **feeling like it can't hold you up**?

- ❑$_1$ Very hard activities like jumping or turning fast to change direction, like in basketball or soccer
- ❑$_2$ Hard activities like heavy lifting, skiing or tennis
- ❑$_3$ Sort of hard activities like walking fast or jogging
- ❑$_4$ Light activities like walking at a normal speed
- ❑$_5$ I can't do any of the activities listed above because my injured knee feels like it can't hold me up

SPORTS ACTIVITIES

10. What is the most you can do on your injured knee **most of the time**?

- ❑$_1$ Very hard activities like jumping or turning fast to change direction, like in basketball or soccer
- ❑$_2$ Hard activities like heavy lifting, skiing or tennis
- ❑$_3$ Sort of hard activities like walking fast or jogging
- ❑$_4$ Light activities like walking at a normal speed
- ❑$_5$ I can't do any of the activities listed above most of the time

11. Does your injured knee affect your ability to:

		No, not at all	Yes, a little	Yes, somewhat	Yes, a lot	I can't do this
a.	Go up stairs?	1	2	3	4	5
b.	Go down stairs?	1	2	3	4	5
c.	Kneel on your injured knee?	1	2	3	4	5
d.	Squat down like a baseball catcher?	1	2	3	4	5
e.	Sit in a chair with your knees bent and feet flat on the floor?	1	2	3	4	5
f.	Get up from a chair?	1	2	3	4	5
g.	Run?	1	2	3	4	5
h.	Jump and land on your injured knee?	1	2	3	4	5
i.	Start and stop moving quickly?	1	2	3	4	5

12. How well did your knee work **before you injured it**?

I could not do anything at all	0	1	2	3	4	5	6	7	8	9	10	**I could do anything I wanted to**
	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	

13. How well does your knee work **now**?

I am not able to do anything at all	0	1	2	3	4	5	6	7	8	9	10	**I am able to do anything I want to do**
	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	

14. Who completed the questionnaire? ❑$_1$ Child alone ❑$_2$ Child with help from parent/adult

15. Date questionnaire completed? __ __ / __ __ / __ __ __ __
MM DD YYYY