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**Knee Form**  
 Northwest Orthopaedics  
 David Gibbons, MD  
 Margie Eder, RN

**Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Gender:**  Male  Female **Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Problem Knee:**  Right  Left **Today's Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Permission Discussed:** \_\_\_\_\_ **Date of Surgery:** \_\_\_\_/\_\_\_\_/\_\_\_\_ pre 3 6 12 24

**VAS: How bad is your pain today? (Circle one)**

0 1 2 3 4 5 6 7 8 9 10

(no pain) (worst possible pain)

**Are you currently satisfied with the condition of your knee?** Yes No

**Will/Did you receive Workman's**

**In the past 4 weeks or since your injury, how often have you had pain? (Circle one)**

0 1 2 3 4 5 6 7 8 9 10

(never) (constant)

**During the past 4 weeks, or since injury, did your knee lock or catch?** Yes<sup>0</sup>

**How would you rate your knee function or ability to do usual daily activities including sports? (Circle one)**

**Prior to injury**  
 0 1 2 3 4 5 6 7 8 9 10

**Current knee function**  
 0 1 2 3 4 5 6 7 8 9 10  
 (cannot perform) (no limitation)

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

Not at all <sup>4</sup>  
 Mildly <sup>3</sup>  
 Moderately <sup>2</sup>  
 Very <sup>1</sup>  
 Extremely <sup>0</sup>

**Please rate the difficulty of the following activities:**  
**4:** easy; **3:** minimally difficult; **2:** difficult; **1:** very difficult;  
**0:** unable

Go up stairs	4	3	2	1	0
Go down stairs	4	3	2	1	0
Kneel on front of knee	4	3	2	1	0
Squat	4	3	2	1	0
Sit with knees bent	4	3	2	1	0
Rise from a chair	4	3	2	1	0
Run straight ahead	4	3	2	1	0
Jump and land on involved leg	4	3	2	1	0
Stop and start quickly	4	3	2	1	0

**Using the following scale, please answer:**  
**4:** very strenuous, i.e. jumping/ pivoting (such as basketball or soccer);  
**3:** strenuous, i.e. heavy work, skiing, tennis;  
**2:** moderate, i.e. moderate physical work, running, jogging;  
**1:** light, i.e. walking, house work, yard work;  
**0:** unable to perform any of activities in 1-4

**What is the highest level of activity you can... A- perform without significant...**

Pain in your knee?	4	3	2	1	0
Swelling in your knee?	4	3	2	1	0
Giving way in your knee?	4	3	2	1	0

**B- participate in...**

On a regular basis?	4	3	2	1	0
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IKDC = [Sum of responses/max possible] x 100  
 \*must have at least 90% (16 of 18) responses