SUBJECTIVE KNEE SCORE QUESTIONNAIRE Patient Name Please read carefully: Please answer every section, and mark in each section only ONE CHOICE which applies to you. We realize that you may consider that two of the statements in any one section relate to you, but please just mark the one box which most closely describes your problem right now. I experience no pain in my knee. () I have occasional pain with strenuous sports or heavy work. I don't think that my knee is entirely normal. Limitations are mild and tolerable. () There is occasional pain in my knee with light recreational sports or moderate work.) () I have pain brought on by sports, light recreational activities, or moderate work. Occasional pain is brought on by daily activities such as standing or kneeling. The pain I have in my knee is a significant problem with activities as simple as walking. The pain is relieved by rest. I can't participate in sports. **SWELLING** I experience no swelling in my knees. () I have occasional swelling in my knee with strenuous sports or heavy work. () There is occasional swelling with light recreational activities or moderate work. Swelling limits my participation in sports and moderate work. Occurs infrequently with simple walking or light work. Occasionally with simple walking or light work – about 3 times a year. My knee swells after simple walking activities and light work. Rest relieves the swelling. I have severe swelling with simple walking activities. Rest does not relieve the swelling. STABILITY My knee does not give out. My knee gives out only with strenuous sports or heavy work. My knee gives out occasionally with light recreational activities or moderate work; it limits my vigorous activities, sports, or heavy labor.) Because my knee gives out, it limits all sports and moderate work. It occasionally gives out with walking or light work. () My knee gives out frequently with simple activities such as walking. I must guard my knee at all times. () I have severe problems with my knee giving out. I can't turn or twist without my knee giving out. () OVERALL ACTIVITY LEVEL No limitations. I have a normal knee, and I am able to do everything including strenuous sports and/or heavy labor. I can partake in sports including strenuous ones but at a lower level. I must guard my knee and limit the amount of heavy labor or sports. () Light recreational activities are possible with RARE symptoms. I am limited to light work. No sports or recreational activities are possible. Walking activities are possible with RARE symptoms. I am limited to light work. Walking activities and daily living cause moderate problems and persistent symptoms. Walking and other daily activities cause severe problems. () WALKING Normal, unlimited)) Slight, mild problems. Moderate problem, flat surface up to half a mile. () Severe problems, only 2-3 blocks. Severe problems, need cane or crutches. () **STAIRS** Normal, unlimited () Slight, mild problems. Moderate problem, only 10-15 steps possible. Severe problems, require banister for support. () Severe problems, only 1-5 steps without support. () RUNNING Normal, unlimited, fully competitive. ()) Slight, mild problems, run at half speed. Moderate problems, only 1-2 miles possible. () () Severe problems, only 1-3 blocks possible. Severe problems, only a few steps. () JUMPING AND TWISTING

With permission from: Noyes FR, et al. Functional disability in the anterior cruciate insufficient knee syndrome. Review of knee rating systems and project

Normal, unlimited, fully competitive. Slight, mild problems, some guarding.

Moderate problems, gave up strenuous sports.

Severe problems, affects all sports, always guarding. Severe problems, only light activity possible (pool/swim).

risk factor sin determining treatment. Sports Med 1984; 1: 278-302. Copyright Adis International, Inc.

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Examiner:

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