

IKDC SUBJECTIVE KNEE EVALUATION FORM



Patient Name: _____

Date of the Injury: _____

Date: _____

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?

- Very strenuous activities like jumping or pivoting as in basketball or soccer (4)
- Strenuous activities like heavy physical work, skiing or tennis (3)
- Moderate activities like moderate physical work, running or jogging (2)
- Light activities like walking, housework or yard work (1)
- Unable to perform any of the above activities due to knee pain (0)

2 - DURING THE PAST 4 WEEKS, OR SINCE YOUR INJURY, HOW OFTEN HAVE YOU HAD PAIN?

never constant
10 9 8 7 6 5 4 3 2 1 0

3 - IF YOU HAVE PAIN, HOW SEVERE IS IT?

no worst pain
pain 10 9 8 7 6 5 4 3 2 1 0 imaginable

4 - DURING THE PAST 4 WEEKS, OR SINCE YOUR INJURY, HOW STIFF OR SWOLLEN WAS YOUR KNEE?

- Not at all (4)
- Mildly (3)
- Moderately (2)
- Very (1)
- Extremely (0)

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 (4)
- Strenuous activities like heavy physical work, skiing or tennis (3)
- Moderate activities like moderate physical work, running or jogging (2)
- Light activities like walking, housework, or yard work (1)
- Unable to perform any of the above activities due to knee swelling (0)

6 - DURING THE PAST 4 WEEKS, OR SINCE YOUR INJURY, DID YOUR KNEE LOCK OR CATCH?

yes (0) No (1)

