

International Knee Documentation Committee Subjective Knee Form

Patient Name: _____

Affected Knee: R L (Circle One)

Date: _____

A: 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?

	0	1	2	3	4	5	6	7	8	9	10	
Never	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Constant

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

No	0	1	2	3	4	5	6	7	8	9	10	Worst pain
Pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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 pain (+0)

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

- Yes (+0) No (+1)

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 (+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)

B: Sports Activities

8. What is the highest level of activity you can participate in on a regular basis?

- 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)

9. How does your knee affect your ability to:

	Not difficult at all	Minimally difficult	Moderately difficult	Extremely difficult	Unable to do
A. Go up stairs	<input type="checkbox"/> (+4)	<input type="checkbox"/> (+3)	<input type="checkbox"/> (+2)	<input type="checkbox"/> (+1)	<input type="checkbox"/> (+0)
B. Go down stairs	<input type="checkbox"/> (+4)	<input type="checkbox"/> (+3)	<input type="checkbox"/> (+2)	<input type="checkbox"/> (+1)	<input type="checkbox"/> (+0)
C. Kneel on the front of your knee	<input type="checkbox"/> (+4)	<input type="checkbox"/> (+3)	<input type="checkbox"/> (+2)	<input type="checkbox"/> (+1)	<input type="checkbox"/> (+0)
D. Squat	<input type="checkbox"/> (+4)	<input type="checkbox"/> (+3)	<input type="checkbox"/> (+2)	<input type="checkbox"/> (+1)	<input type="checkbox"/> (+0)
E. Sit with your knee bent	<input type="checkbox"/> (+4)	<input type="checkbox"/> (+3)	<input type="checkbox"/> (+2)	<input type="checkbox"/> (+1)	<input type="checkbox"/> (+0)
F. Rise from a chair	<input type="checkbox"/> (+4)	<input type="checkbox"/> (+3)	<input type="checkbox"/> (+2)	<input type="checkbox"/> (+1)	<input type="checkbox"/> (+0)
G. Run straight ahead	<input type="checkbox"/> (+4)	<input type="checkbox"/> (+3)	<input type="checkbox"/> (+2)	<input type="checkbox"/> (+1)	<input type="checkbox"/> (+0)
H. Jump and land on your involved leg	<input type="checkbox"/> (+4)	<input type="checkbox"/> (+3)	<input type="checkbox"/> (+2)	<input type="checkbox"/> (+1)	<input type="checkbox"/> (+0)
I. Stop and start quickly	<input type="checkbox"/> (+4)	<input type="checkbox"/> (+3)	<input type="checkbox"/> (+2)	<input type="checkbox"/> (+1)	<input type="checkbox"/> (+0)

C: Function

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?

Function prior to your knee injury:

Couldn't perform| 0 1 2 3 4 5 6 7 8 9 10 |No limitations
 daily activities| |in daily activities

Current function of your knee:

Couldn't perform| 0 1 2 3 4 5 6 7 8 9 10 |No limitations
 daily activities| |in daily activities

Scoring Instructions:

Question 2: The responses are reverse-scored such that “Constant” is assigned a score of 0 points and “Never” is assigned a score of 10 points.

Question 3: The responses are reverse-scored such that “Worst pain imaginable” is assigned a score of 0 points and “No pain” is assigned a score of 10 points.

Question 10: Only include the “Current function of your knee” when scoring.

All other questions: Use points listed in parenthesis

$$\text{IKDC Score} = \left[\frac{\textit{Sum of Items}}{\textit{Maximum Possible Score}} \right] \times 100$$

IDKC Score = _____