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?
   
   Never | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Constant

3. If you have pain, how severe is it?
   
   No Pain | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Worst pain 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)

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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:

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

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 daily activities:

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | No limitations in daily activities |

Current function of your knee:

Couldn’t perform daily activities:

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | No limitations in daily activities |

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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

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

IDKC Score = ____