

Sul	oject	ID			
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ronow-Op roi in (ratient)     -       -
Mandatory Study Visit:  ***Please use black pen only to complete the form. Thank you***  O Two Year O Five Year O Twenty-five Year
Intermediate Study Visit:
O 3 months O 6 months O 9 months O One Year Follow-Up
Today's Date Surgeon ID Site Number
Pedi-IKDC SUBJECTIVE KNEE EVALUATION FORM
<u>SYMPTOMS</u> *:
1. What is the most you could do today without making your injured knee hurt a lot?
O Very hard activities like jumping or turning fast to change direction, like in basketball or soccer
O Hard activities like heavy lifting, skiing or tennis O Sort of hard activities like walking fast or jogging
O Light activities like walking at a normal speed
O I can't do any of the activities listed above because my knee hurts too much now
2. During the past 4 weeks, or since your injury, how much of the time did your injured knee hurt?  O 0 (Never) O 1 O 2 O 3 O 4 O 5 O 6 O 7 O 8 O 9 O 10 (Hurt all the time)
3. How badly does your injured knee hurt today?  O 0 (No hurt at all) O 1 O 2 O 3 O 4 O 5 O 6 O 7 O 8 O 9 O 10 (Hurts so much I can't stand it)
4. During the past 4 weeks, or since your injury, how hard has it been to move or bend your injured knee?  O Not at all hard O A little hard O Somewhat hard O Very hard O Extremely hard
<ul> <li>5. During the past 4 weeks, or since your injury, how puffy (or swollen) was your injured knee?</li> <li>O Not at all puffy</li> <li>O A little puffy</li> <li>O Somewhat puffy</li> <li>O Very puffy</li> <li>O Extremely puffy</li> </ul>
6. What is the most you could do today without making your injured knee puffy (or swollen)?  O Very hard activities like jumping or turning fast to change direction, like in basketball or soccer
O Hard activities like heavy lifting, skiing or tennis
O Sort of hard activities like walking fast or jogging
O Light activities like walking at a normal speed
O I can't do any of the activities listed above because my injured knee is puffy even when I rest
ROCK Prospective Cohort Form Date 04/2015 Page 1 of 8



O Yes

# Prospective Cohort Follow-Up Form (Patient)

7. During the past 4 weeks, or since your injury, did your knee ever get stuck in place (lock) so you could not move it?

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O No 8. During the past 4 weeks, or since O Yes	e your injury, did y	our knee ever feel lik	te it was getting stuck (e	catching) but you	could still move it?
O No					
<ul><li>9. What is the most you could</li><li>O Very hard activities like jum</li></ul>	•	•	8		
O Hard activities like heavy lif	ting, skiing or ter	mis			
O Sort of hard activities like w	alking fast or jog	ging			
O Light activities like walking	at a normal speed	1			
O I can't do any of the activitie	_		nee is puffy even wh	en I rest	
SPORTS ACTIVITIES: 10. What is the most you can O Very hard activities like jum				ll or soccer	
O Hard activities like heavy lif	ting, skiing or ter	nnis			
O Sort of hard activities like w	alking fast or jog	ging			
O Light activities like walking	at a normal speed	d			
O I can't do any of the activitie	s listed above bed	ause my injured k	nee is puffy even wh	en I rest	
11. Does your injured knee affect your ability to:	No, not at all	Yes, a little	Yes, somewhat	Yes, a lot	I can't do this
a. Go up stairs?	0	0	0	0	0
b. Go down stairs?	0	0	0	0	0
c. Kneel on your injured knee?	0	0	0	0	0
d. Squat down like a baseball catcher?	0	0	0	0	0
e. Sit in a chair with your kneed bent and feet flat on the floo		0	0	0	0
f. Get up from a chair?	0	0	0	0	0
g. Run?	0	0	0	0	0
h. Jump and land on your injur- knee?	ed O	0	0	0	0
i. Stop and start moving quickly ROCK Prospective Cohort	y? O	0	O Form Da	O te 04/2015 Page	O 2 of 8



Diall	Prospective Cohort Follow-Up Form (Patient)		Subje	ect ID					
12. How	well did you	r knee worl	k before	e vou in	iured it'	?			Learning Learning Learning Learning
0 1 O C I could not do anything at al	2	3	4 O	5 O	6 O	7	8	9 O	10 O I could do anything I wanted to
13. How	well does you	ır knee wo	rk now?	?					
0 1 O C I am not able	2	3 O	4 O	5 O	6 O	7 O	8	9 O	10 O
anything at al									I am able to do anything I want to do
14. Who c	ompleted the	e questionn	ıaire?	O Chile	d alone	O Chile	d with he	lp from p	parent/adult
KOOS KN	EE SURVEY	<u>Y</u>							
track of l	now you feel	about your	r knee a g in the :	nd how	well yo	u are ab bble, onl	le to per ly <u>one</u> bu	form you abble for	nation will help us keep ar usual activities. each question. If you are
Sympton These que	<u>is:</u> estions should	l be answer	ed think	ing of y	our knee	symptor	ns durinį	g the <u>last</u>	week.
-	u ever have O Rarely	_	•		O Alway	/S			
•	u feel grindi O Rarely	٥.		•	• •		e when	our kne	e moves?
	your knee ev O Rarely		-	-	_	•			
S4. Can y O Always	ou straighte O Often	n your kne O Sometin	•		O Neve	er			
O Always	ou bend you O Often Prospective Col	O Sometim	•	Rarely	O Neve	er		Form Dat	re 04/2015 Page 3 of 8



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### **Stiffness:**

The following questions	concern the amount	t of joint stiffness	s you have exp	erienced du	ring the last	week in
your knee. Stiffness is a s	sensation of restrict	ion or slowness i	n the ease wit	h which you	move your	knee joint.

your mile	o. Stillings	o is a solisation	or reservence	in or stowness in the case with which you move you
		your knee join O Moderate		after first waking in the morning? O Extreme
		your knee stift O Moderate		sitting, lying or resting later in the day?  O Extreme
Pain:				
		you experience hly O Weekl	-	
What am	ount of kn	nee pain have yo	ou experienc	ced the <u>last week</u> during the following activities?
		ing on your ki		O Extreme
		knee fully	OBEVEIC	O Extreme
O None	O Mild	O Moderate	O Severe	O Extreme
	ling knee	fully O Moderate	O Severe	O Extreme
	_	nt surface  O Moderate	O Severe	O Extreme
	-	own stairs		
O None	O Mild	O Moderate	O Severe	O Extreme
	ght while			
O None	O Mild	O Moderate	O Severe	O Extreme
	ng or lying	•	O Saviana	O Eutromo
✓ MOHE	O IVIIIG	O Moderate	O Severe	O Extreme
P9. Stan	ding uprig	ght		
O None	O Mild	O Moderate	O Severe	O Extreme



### Function, daily living:

The following questions concern your physical function. By this we mean your ability to move around and to look after yourself. For each of the following activities, please indicate the degree of difficulty you have experienced in the <u>last week</u> due to your knee.

	ending st	airs O Moderate	O Severe	O Extreme
A2. Asce	nding sta	irs		
	•	O Moderate	O Severe	O Extreme
A3. Risin	ıg from si	tting		
O None	O Mild	O Moderate	O Severe	O Extreme
A4. Stan	ding			
O None	O Mild	O Moderate	O Severe	O Extreme
A5. Bend	ling to flo	or/pick up an	object	
	_	O Moderate	-	O Extreme
A6. Wall	king on fl	at surface		
O None	O Mild	O Moderate	O Severe	O Extreme
A7. Gett	ing in/out	of car		
O None	O Mild	O Moderate	O Severe	O Extreme
A8. Goin	ıg shoppiı	ıg		
		O Moderate	O Severe	O Extreme
A9. Putt	ing on soc	ks/stockings		
		O Moderate	O Severe	O Extreme
A10. Ris	ing from	bed		
O None	O Mild	O Moderate	O Severe	O Extreme
A11. Tal	king off so	ocks/stockings		
O None	O Mild	O Moderate	O Severe	O Extreme
A12. Lyi	ng in bed	(turning over	, maintainiı	ng knee position)
		O Moderate		



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For each of the following activities, please indicate the degree of difficulty you have experienced in the last week due to your knee. A13. Getting in/out of bath O None O Mild O Moderate O Severe O Extreme A14. Sitting O None O Mild O Moderate O Severe O Extreme A15. Getting on/off toilet O None O Mild O Moderate O Severe O Extreme A16. Heavy domestic duties (moving heavy boxes, scrubbing floors, etc) O None O Mild O Moderate O Severe O Extreme A17. Light domestic duties (cooking, dusting, etc) O None O Mild O Moderate O Severe O Extreme Function, sports and recreational activities: The following questions concern your physical function when being active on a higher level. The questions should be answered thinking of what degree of difficulty you have experienced during the last week due to your knee. SP1. Squatting O None O Mild O Moderate O Severe O Extreme SP2. Running O None O Mild O Moderate O Severe O Extreme SP3. Jumping O None O Mild O Moderate O Severe O Extreme SP4. Twisting/pivoting on your injured knee O None O Mild O Moderate O Severe O Extreme SP5. Kneeling

O None O Mild O Moderate O Severe O Extreme



Prospective Cohort	Subj	ject	ID			
Follow-Up Form (Patient)			-		_	

## Quality of life:

Q1. How	often ar	e you aware o	f your kne	e problem's	,
O Never	O Mont	hly O Week	ly O Dai	ly O Cons	stantly
Q2. Have	e your mo	dified your li	fe style to	avoid pote	ntially damaging activities to your knee?
O Not at	all OM	fildly O Mo	derately	O Severely	O Totally
Q3. How	much ar	e you trouble	d with lacl	k of confide	ence in your knee?
O Not at	all OM	fildly O Mo	derately	O Severely	O Extremely
Q4. In go	eneral, ho	w much diffi	culty do yo	ou have wit	h your knee?
O None	O Mild	O Moderate	O Severe	e O Extre	ne



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#### FABS SCALE

Please indicate how often you performed each activity in your healthiest and most active state, in the past year.

	Less than one time in a month 0	One time in a month	One time in a week 2	2 or 3 times in a week 3	4 or more times in a week 4
Running: while playing a sport or jogging	9 0	0	0	0	0
Cutting: changing directions while running	9 0	0	0	0	0
<b>Deceleration:</b> coming t a quick stop while running	$\sim$	0	0	0	0
Pivoting: turning your body with your foot planted while playing sport; For example: skii skating, kicking, throwi hitting a ball (golf, tenn squash), etc.	ng,	0	•	0	0
<b>Duration:</b> perform athle activity for as long as yo would like to without stopping		0	0	0	0
Endurance: perform athletic activity for one whole hour without stopping	0	0	0	0	0

Competition: Do you participate in organized competitive sports or physical activities?

- O No (or gym class only)
- O Yes, but WITHOUT an official or judge (such as club or pickup games)
- O Yes, WITH an official or judge
- O Yes, at a national or professional level

Supervision: Do you participate in supervised sports practice or activities (other than gym class)?

- O No
- O Yes, 1-2 times per week
- O Yes, 3-4 times per week
- O Yes, 5 or more times per week



not actually performing activites at this level.

#### **Prospective Cohort** Subject ID Follow-Up Form (Patient) Mandatory Study Visit: \*\*\*Please use black pen only to complete the form. Thank you\*\*\* O Two Year O Five Year O Twenty-five Year O Ten Year **Intermediate Study Visit:** O 3 months O 6 months O 9 months O One Year Follow-Up Today's Date Site Number Surgeon ID IKDC SUBJECTIVE KNEE EVALUATION FORM **SYMPTOMS\*:** \*Grade symptoms at the highest activity level at which you think you could function without significant symptoms, even if you are

1. What is the highest level of activity that you can perform without significant knee pain
O Very strenuous activities like jumping or pivoting as in basketball or soccer
O Strenuous activities like heavy physical work, skiing or tennis
O Moderate activities like moderate physical work, running or jogging
O Light activities like walking, housework or yard work

O Unable to p	erforn	n any o	f the al	oove ac	ctivitie	es due t	to knee	e pain		
2. During the	e past	4 week	ks, or s	ince yo	our in	jury, h	ow of	ten ha	ve you	had pain?
O 0 (Never)	01	02	03	04	05	06	07	08	09	O 10 (Constant)
3. If you hav	e pain	, how s	severe	is it?						
O 0 (No pain)	) 01	02	03	04	05	06	07	08	09	O 10 (Worst pain imaginable)

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

O Not at all O Mildly O Moderately O Very O Extremely

5. What is the highest level of activity you can perform without significant swelling in your knee?

O Very strenuous activities like jumping or pivoting as in basketball or soccer

O Strenuous activities like heavy physical work, skiing or tennis

O Moderate activities like moderate physical work, running or jogging

O Light activities like walking, housework, or yard work

O Unable to perform any of the above activities due to knee swelling

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

O Yes

O No



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7. What is the highest level of activit			1 101 /		•	1 0
/ What is the highest level at activit	O WAN AAN N	MANTANIM WITHALLT	cimultinont	AT 187111 AT 1887	מוצ ומו נצה	III KINGO'I
/. Triiat is the mizhest level of activit	v vou can n	ici ioi in without	Significant	2111112 114	av m vo	ui Kncci
	, ,				J -	

- O Very strenuous activities like jumping or pivoting as in basketball or soccer
- O Strenuous activities like heavy physical work, skiing or tennis
- O Moderate activities like moderate physical work, running or jogging
- O Light activities like walking, housework or yard work
- O Unable to perform any of the above activities due to giving way of the knee

#### **SPORTS ACTIVITIES:**

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

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

#### 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:	0	0	0	0	0
b. Go down stairs:	0	0	0	0	0
c. Kneel on the front of knee:	0	0	0	0	0
d. Squat:	0	0	0	0	0
e. Sit with your knee bent:	0	0	0	0	0
f. Rise from a chair:	0	0	0	0	0
g. Run straight ahead	0	0	0	0	0
h. Jump and land on involved	leg: O	0	0	0	0
i. Stop and start quickly:	0	0	0	0	0



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<b>FUN</b>	CTI	ON
$\mathbf{r}$ $\mathbf{u}$		VIX:

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?

	FUN	CTION I	PRIOR T	O YOUF	R KNEE	INJURY	:				
	0	1	2	3	4	5	6	7	8	9	10
	0	0	0	0	0	0	0	0	0	0	0
Couldn't per daily activiti											No limitation in daily activities
	CUR	RENT F	UNCTIC	N OF Y	OUR KN	IEE:					
	0	1	2	3	4	5	6	7	8	9	10
	0	0	0	0	0	0	0	0	0	0	0
Can't perfora daily activiti											No limitation in daily activities

#### KOOS KNEE SURVEY

INSTRUCTIONS: This survey asks for your view about your knee. This information will help us keep track of how you feel about your knee and how well you are able to perform your usual activities.

Answer every question by filling in the appropriate bubble, only <u>one</u> bubble for each question. If you are unsure about how to answer a question, please give the best answer you can.

#### **Symptoms:**

These questions should be answered thinking of your knee symptoms during the <u>last week</u>.

S1. Do yo	u ever have	e swelling in you	ur knee?		
O Never	O Rarely	O Sometimes	O Often	O Always	
S2. Do yo	u feel grind	ling, hear clicki	ng or any	other type of noise when your knee moves?	
O Never	O Rarely	O Sometimes	O Often	O Always	
S3. Does y	your knee e	ever catch or ha	ng up whe	en moving?	
O Never	O Rarely	O Sometimes	O Often	O Always	
S4. Can y	ou straight	en your knee fu	ılly?		
O Always	O Often	O Sometimes	O Rarely	O Never	
S5. Can y	ou bend yo	ur knee fully?			
O Always	O Often	O Sometimes	O Rarely	O Never	
ROCK	Prospective C	ohort		Form Date 08/2014 Page	3 of 7



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### **Stiffness:**

The following	ng questions	concern the	amount of j	oint stiffnes	s you have	e experienced	during the la	<u>ist week</u> in
your knee. S	stiffness is a	sensation of	restriction of	or slowness	in the ease	with which y	ou move voi	ur knee joint.

your kno	c. Summes	s is a schsation	or restriction	if of slowness in the case with which you move you
S6. How O None		your knee join O Moderate		ofter first waking in the morning?  O Extreme
S7. How O None		your knee stift O Moderate		itting, lying or resting later in the day? O Extreme
Pain:				
		<b>you experienc</b> hly O Weekl	_	
What am	ount of ki	nee pain have y	ou experienc	eed the <u>last week</u> during the following activities?
P2. Twis O None		ting on your k O Moderate		O Extreme
	0	knee fully O Moderate	O Severe	O Extreme
	ling knee O Mild	fully O Moderate	O Severe	O Extreme
	_	at surface O Moderate	O Severe	O Extreme
		own stairs O Moderate	O Severe	O Extreme
	i <b>ght while</b> O Mild	in bed O Moderate	O Severe	O Extreme
	ng or lying O Mild	g O Moderate	O Severe	O Extreme
	ding upri	ght O Moderate	O Severe	O Extreme



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#### Function, daily living:

The following questions concern your physical function. By this we mean your ability to move around and to look after yourself. For each of the following activities, please indicate the degree of difficulty you have experienced in the <u>last week</u> due to your knee.

A1. Desc	ending st	airs						
O None	O Mild	O Moderate	O Severe	O Extreme				
A2. Asce	nding sta	irs						
O None	O Mild	O Moderate	O Severe	O Extreme				
A3. Risii	ng from si	itting						
O None	O Mild	O Moderate	O Severe	O Extreme				
A4. Stan	ding							
O None	O Mild	O Moderate	O Severe	O Extreme				
A5. Bend	ling to flo	or/pick up an	object					
O None		O Moderate	O Severe	O Extreme				
A6. Wall	king on fl	at surface						
O None	O Mild	O Moderate	O Severe	O Extreme				
A7. Gett	ing in/out	of car						
O None	O Mild	O Moderate	O Severe	O Extreme				
A8. Goin	ıg shoppiı	ng						
O None	O Mild	O Moderate	O Severe	O Extreme				
A9. Putti	ing on soc	eks/stockings						
	-	O Moderate	O Severe	O Extreme				
A10. Ris	ing from	bed						
O None	O Mild	O Moderate	O Severe	O Extreme				
A11. Taking off socks/stockings								
O None	O Mild	O Moderate	O Severe	O Extreme				
A12. Lyi	A12. Lying in bed (turning over, maintaining knee position)							
		O Moderate						



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For each of the following activities, please indicate the degree of difficulty you have experienced in the last week due to your knee. A13. Getting in/out of bath O None O Mild O Moderate O Severe O Extreme A14. Sitting O None O Mild O Moderate O Severe O Extreme A15. Getting on/off toilet O None O Mild O Moderate O Severe O Extreme A16. Heavy domestic duties (moving heavy boxes, scrubbing floors, etc) O None O Mild O Moderate O Severe O Extreme A17. Light domestic duties (cooking, dusting, etc) O None O Mild O Moderate O Severe O Extreme Function, sports and recreational activities: The following questions concern your physical function when being active on a higher level. The questions should be answered thinking of what degree of difficulty you have experienced during the last week due to your knee. SP1. Squatting O None O Mild O Moderate O Severe O Extreme SP2. Running O None O Mild O Moderate O Severe O Extreme SP3. Jumping O None O Mild O Moderate O Severe O Extreme SP4. Twisting/pivoting on your injured knee O None O Mild O Moderate O Severe O Extreme SP5. Kneeling

O None O Mild O Moderate O Severe O Extreme



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#### Quality of life:

Q1. How	often are you	aware of yo	our knee p	roblem?	
O Never	O Monthly	O Weekly	O Daily	O Constantly	

Q2. Have your modified your life style to avoid potentially damaging activities to your knee?

O Not at all O Mildly O Moderately O Severely O Totally

Q3. How much are you troubled with lack of confidence in your knee?

O Not at all O Mildly O Moderately O Severely O Extremely

Q4. In general, how much difficulty do you have with your knee?

O None O Mild O Moderate O Severe O Extreme

### **MARX SCALE**

Please indicate how often you performed each activity in your healthiest and most active state, in the past year.

	Less than one time in a month	One time in a month	One time in a week 2	2 or 3 times in a week 3	4 or more times in a week 4
Running: while playing a sport or jogging	0	0	0	0	0
Cutting: changing directions while running	0	0	0	0	0
<b>Deceleration:</b> coming to a quick stop while runni	^	0	0	0	0
Pivoting: turning your body with your foot planted while playing sport; For example: skiin skating, kicking, throwin hitting a ball (golf, tenni squash), etc.	ng,	0	•	•	0