BASELINE QUESTIONNAIRE (CHILD)

THE ROCK GROUP — PROSPECTIVE COHORT STUDY — FORM 2B

SECTION A: STUDY INFORMATION

Subject ID: ___ ___ - ___ ___ ___ - ___

Study Visit: Baseline

Site Number: ___ ___ ___

Date: ___ ___ / ___ ___ / ___ ___ ___ ___

Surgeon ID: ___ ___ ___

Age: ___ ___ ___

SECTION B: CONTACT INFORMATION

First Name: ________________________________ **Last Name:** ______________________________

Home Address: ____ **Apt #:** ____________

City: ____________________________________ **State:** ____________ **Zip Code:** ______________

Primary Phone Number:
(___ ___ ___) - ___ ___ ___ - ___ ___ ___ ___

Secondary Phone Number
(___ ___ ___) - ___ ___ ___ - ___ ___ ___ ___

Email Address: ____

Sex: ❒ Male ❒ Female **Age:** __________ **Date of Birth:** ___ ___ / ___ ___ / ___ ___ ___ ___

Height (in): ________ **Weight (lbs):** _______ **SSN (optional):** ___ ___ ___ - ___ ___ - ___ ___ ___ ___

Race:
- ❒ White
- ❒ Black or African American
- ❒ Asian
- ❒ American Indian or Native Alaskan
- ❒ Native Hawaiian or Pacific Islander
- ❒ Prefer not to answer
- ❒ Other, specify ________________

Are you Hispanic or Latino?
- ❒ Yes
- ❒ No
- ❒ Prefer not to answer

SECTION C: PATIENT HISTORY

C1. Has anyone in your birth family had <u>osteochondritis dissecans (OCD)</u>? Check all that apply.

❒ No ❒ Don't know ❒ Mother ❒ Father ❒ Sister(s)
❒ Brother(s) ❒ Grandmother(s) ❒ Grandfather(s) ❒ Other ____________________

C2. Have you been diagnosed with an OCD lesion in any joint before?

❒ Yes ❒ No

C3. If yes, which joint?

❒ Other Knee ❒ Shoulder ❒ Elbow ❒ Hip ❒ Ankle ❒ Same Knee

C4. Has anyone in your birth family had <u>focal articular cartilage defects (FCD)</u>?

❒ No ❒ Don't know ❒ Mother ❒ Father ❒ Sister(s)
❒ Brother(s) ❒ Grandmother(s) ❒ Grandfather(s) ❒ Other ____________________

C5. Have you been diagnosed with an FCD lesion in any joint before?

❒ Yes ❒ No

C6. If yes, which joint?

❒ Other Knee ❒ Shoulder ❒ Elbow ❒ Hip ❒ Ankle ❒ Same Knee

C7. Are you experiencing knee pain?

❒ Yes ❒ No

C8. If yes, how long have you been experiencing knee pain, in months? ___ ___ ___ months

C9. If yes, did your knee pain start immediately following a knee injury?

❒ Yes ❒ No

C10. Have you received treatment from anyone for your knee pain?

❒ Yes ❒ No

C11. If yes, how many providers have you seen? ___ ___ people

C12. If yes, who have you seen? Check all that apply.

❒ Athletic trainer ❒ Physical therapist ❒ Chiropractor ❒ Primary care physician

❒ Primary care sports medicine physician ❒ Orthopaedic Surgeon

❒ Other ____________________

SECTION D: PAIN VISUAL ANALOG SCALE

D1. Please indicate the amount of pain that you feel right now (place a mark on the scale below):

No Pain [| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |] Worst Possible

SECTION E: PEDI IKDC KNEE EVALUATION

SYMPTOMS: Grade symptoms at the highest activity level at which you think you could function without significant symptoms, even if you were not actually performing activites at this level.

E1. What is the most you could do today without making your injured knee hurt a lot?

❒ Very hard activities like jumping or turning fast to change direction, like in basketball or soccer

❒ Hard activities like heavy lifting, skiing or tennis

❒ Sort of hard activites like walking fast or jogging

❒ Light activities like walking at a normal speed

❒ I can't do any of the activities listed above because my knee hurts too much now

E2. During the past 4 weeks, or since your injury, how much of the time did your injured knee hurt?

0 = Never 10 = Hurt all the time

❒ 0 ❒ 1 ❒ 2 ❒ 3 ❒ 4 ❒ 5 ❒ 6 ❒ 7 ❒ 8 ❒ 9 ❒ 10

E3. How badly does your injured knee hurt today?

0 = No hurt at all 10 = Hurts so much I can't stand it

❒ 0 ❒ 1 ❒ 2 ❒ 3 ❒ 4 ❒ 5 ❒ 6 ❒ 7 ❒ 8 ❒ 9 ❒ 10

E4. During the past 4 weeks, or since your injury, how hard has it been to move or bend your injured knee?

❒ Not at all hard ❒ A little hard ❒ Somewhat hard ❒ Very hard ❒ Extremely hard

E5. During the past 4 weeks, or since your injury, how puffy (or swollen) was your injured knee?

❒ Not at all puffy ❒ A little puffy ❒ Somewhat puffy ❒ Very puffy ❒ Extremely puffy

E6. What is the most you could do today without making your injured knee puffy (or swollen)?

❒ Very hard activites like jumping or turning fast to change direction, like in basketball or soccer
❒ Hard activites like heavy lifting, skiing, or tennis
❒ Sort of hard activities like walking fast or jogging
❒ Light activities like walking at a normal speed
❒ I can't do any of the activities listed above because my injured knee is puffy even when I rest

E7. During the past 4 weeks, or since your injury, did your knee ever get stuck in place (lock) so your could not move it?

❒ Yes ❒ No

E8. During the past 4 weeks, or since your injury, did your knee ever feel like it was getting stuck (catching) but you could still move it?

❒ Yes ❒ No

E9. What is the most you could do today without your knee feeling like it can't hold you up?

❒ Very hard activites like jumping or turning fast to change direction, like in basketball or soccer
❒ Hard activites like heavy lifting, skiing, or tennis
❒ Sort of hard activities like walking fast or jogging
❒ Light activities like walking at a normal speed
❒ I can't do any of the activities listed above because my injured knee is puffy even when I rest

SECTION F: SPORTS ACTIVITIES

F1. What is the most you can do on your injured knee most of the time?

❒ Very hard activites like jumping or turning fast to change direction, like in basketball or soccer
❒ Hard activites like heavy lifting, skiing, or tennis
❒ Sort of hard activities like walking fast or jogging
❒ Light activities like walking at a normal speed
❒ I can't do any of the activities listed above because my injured knee is puffy even when I rest

F2. Does your injured knee affect your ability to:

	No, not at all	Yes, a little	Yes, some-what	Yes, a lot	I can't do this
Go up stairs	❐	❐	❐	❐	❐
Go down stairs	❐	❐	❐	❐	❐
Kneel on your injured knee	❐	❐	❐	❐	❐
Squat down like a baseball catcher?	❐	❐	❐	❐	❐
Sit in a chair with your knees bent and feet flat on the floor?	❐	❐	❐	❐	❐
Get up from a chair	❐	❐	❐	❐	❐
Run?	❐	❐	❐	❐	❐
Jump & land on your injured knee	❐	❐	❐	❐	❐
Stop and start moving quickly	❐	❐	❐	❐	❐

SECTION G: FUNCTION

G1. How well did you knee work before you injured it?

0 = I could not do anything at all 10 = I could do anything I wanted to

❐ 0 ❐ 1 ❐ 2 ❐ 3 ❐ 4 ❐ 5 ❐ 6 ❐ 7 ❐ 8 ❐ 9 ❐ 10

G2. How well does your knee work now?

0 = I am not able to do anything at all 10 = I am able to do anything I wanted to

❐ 0 ❐ 1 ❐ 2 ❐ 3 ❐ 4 ❐ 5 ❐ 6 ❐ 7 ❐ 8 ❐ 9 ❐ 10

G3. Who completed the questionnaire?

❐ Child alone ❐ Child with help from parent/adult

SECTION H: KOOS KNEE EVALUATION

This survey asks for your view about your knee. This information will help us keep track 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 **one 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 last week.

H1. Do you ever have swelling in your knee?

❐ Never ❐ Rarely ❐ Sometimes ❐ Often ❐ Always

H2. Do you feel grinding, hear clicking or any other type of noise when your knee moves?

❐ Never ❐ Rarely ❐ Sometimes ❐ Often ❐ Always

H3. Does your knee ever catch or hang up when moving?

❐ Never ❐ Rarely ❐ Sometimes ❐ Often ❐ Always

H4. Can you straighten your knee fully?

❒ Always ❒ Often ❒ Sometimes ❒ Rarely ❒ Never

H5. Can you bend your knee fully?

❒ Always ❒ Often ❒ Sometimes ❒ Rarely ❒ Never

SECTION J: STIFFNESS

The following questions concern the amount of joint stiffness you have experienced during the **last week** in your knee. Stiffness is a sensation of restriction or slowness in the ease with which you move your knee joint.

J1. How severe is your knee joint stiffness after first waking in the morning?

❒ None ❒ Mild ❒ Moderate ❒ Severe ❒ Extreme

J2. How severe is your knee stiffness after sitting, lying, or resting later in the day?

❒ None ❒ Mild ❒ Moderate ❒ Severe ❒ Extreme

SECTION K: PHYSICAL FUNCTION

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 what you have experienced during the **last week** due to your knee.

K1. Squatting:

❒ None ❒ Mild ❒ Moderate ❒ Severe ❒ Extreme

K2. Running:

❒ None ❒ Mild ❒ Moderate ❒ Severe ❒ Extreme

K3. Jumping:

❒ None ❒ Mild ❒ Moderate ❒ Severe ❒ Extreme

K4. Twisting/pivoting on your injured knee:

❒ None ❒ Mild ❒ Moderate ❒ Severe ❒ Extreme

K5. Kneeling:

❒ None ❒ Mild ❒ Moderate ❒ Severe ❒ Extreme

SECTION L: QUALITY OF LIFE

L1. How often are you aware of your knee problem?

❒ Never ❒ Monthly ❒ Weekly ❒ Daily ❒ Constantly

L2. Have you modified your life style to avoid potentially damaging activities to your knee?

❒ Not at all ❒ Mildly ❒ Moderately ❒ Severely ❒ Totally

L3. How much are you troubled with lack of confidence in your knee?

❐ Not at all ❐ Mildly ❐ Moderately ❐ Severely ❐ Extremely

L4. In general, how much difficulty do you have with your knee?

❐ None ❐ Mild ❐ Moderate ❐ Severe ❐ Extreme

SECTION M: PEDI-FABS ACTIVITY SCALE

Choose one answer for each activity or question. Please indicate how often you performed each activity i**n your healthiest and most active condition. In the past MONTH:**

	Less than one time in a month	One time per month	One time per week	2 or 3 times per week	More than 4 times per week
Running: while playing a sport or jogging	❐	❐	❐	❐	❐
Cutting: quickly changing directions while running	❐	❐	❐	❐	❐
Deceleration: coming to a quick stop while running	❐	❐	❐	❐	❐
Pivoting: turning your body with your foot planed while playing sport; For example: skiing, skating, kicking, throwing, hitting a ball (golf, tennis, squash), etc.	❐	❐	❐	❐	❐
Duration: perform athletic activity for as long as you would like to without stopping.	❐	❐	❐	❐	❐
Endurance: perform athletic activity for one whole hour without stopping.	❐	❐	❐	❐	❐

M1. Competition: Do you participate in organized competitive sports or physical activities?

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

M2. Supervision: Do you participate in organized competitive sports or physical activities?

❐ No (or gym class only)
❐ Yes, 1-2 times per week
❐ Yes, 3-4 times per week
❐ Yes, 5 or more times per week

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SECTION N: SPORTS HISTORY

N1. At the time your knee pain started or you were diagnosed with OCD/FCD, did you consider yourself an athlete?

❒ Yes ❒ No

N2. Did you consider yourself a single-sport or multi-sport athlete?

❒ Single-sport ❒ Multi-sport

N3. What was your primary sport?

❒ Baseball	❒ Basketball	❒ Cheerleading	❒ Field Hockey	❒ Football	❒ Gymnastics
❒ Ice	❒ Hockey	❒ Lacrosse	❒ Rugby	❒ Soccer	❒ Softball
❒ Swimming	❒ Tennis	❒ Track/Field	❒ Volleyball	❒ Wrestling	❒ Other

N4. In the past year, what was the highest level at which you had participated or were participating in your <u>primary</u> sport?

❒ Recreational (causal, pick-up with friends, no organized competition)
❒ Recreational (competition or events/races)
❒ Youth League (competition)
❒ High School (interscholastic competition)
❒ Semi-Pro / Amateur League
❒ Professional League

N5. In the past year, what was the highest frequency at which you had participated or were par ticipating in your PRIMARY sport?

❒ < 1 time / month
❒ 1 time / month
❒ 1 time / week
❒ 2-3 times / week
❒ 4+ times / week

N6. In the past year, in what OTHER sports or athletic activities did you participiate?
(Select all that apply)

❒ Baseball	❒ Basketball	❒ Cheerleading	❒ Field Hockey	❒ Football	❒ Gymnastics
❒ Ice	❒ Hockey	❒ Lacrosse	❒ Rugby	❒ Soccer	❒ Softball
❒ Swimming	❒ Tennis	❒ Track/Field	❒ Volleyball	❒ Wrestling	❒ Other

N7. In the past year, what was the highest frequency at which you had participated or were participating in any and all sports?

❒ < 1 time / month
❒ 1 time / month
❒ 1 time / week
❒ 2-3 times / week
❒ 4+ times / week

BASELINE QUESTIONNAIRE (CHILD)

Please answer the following questions based on your sports participation before your knee pain started or you were diagnosed with OCD/FCD

N8. Have you quit other sports to focus on one sport?

❒ Yes ❒ No

N9. Do you train more than 8 months out of the year in one sport?

❒ Yes ❒ No

N10. Do you consider your primary sport more important the other sports?

❒ Yes ❒ No