CHILD FOLLOW-UP

THE ROCK GROUP — PROSPECTIVE COHORT STUDY — FORM 4B

SECTION A: STUDY INFORMATION

Subject ID: ___ ___ - ___ ___ ___ - ___ **Study Visit:**

Site Number: ___ ___ ___ **Date:** ___ ___ / ___ ___ / ___ ___ ___ ___

Surgeon ID: ___ ___ ___ **Age:** ___ ___ ___

SECTION B: PAIN VISUAL ANALOG SCALE

B1. Please indicate the amount of pain that you feel right now (place a mark on the scale below):

No Pain |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| Worst Possible

SECTION C: 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.

C1. 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

C2. 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

C3. 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

C4. 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

C5. 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

C6. 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

C7. During the past 4 weeks, or since your injury, did your knee ever get stuck in place (lock) so you could not move it?

❒ Yes ❒ No

C8. 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

C9. 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 D: SPORTS ACTIVITIES

D1. 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

D2. 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
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	❒	❒	❒	❒	❒

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SECTION E: FUNCTION

E1. 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

E2. 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

E3. Who completed the questionnaire?

❒ Child alone ❒ Child with help from parent/adult

SECTION F: 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**.

F1. Do you ever have swelling in your knee?

❒ Never ❒ Rarely ❒ Sometimes ❒ Often ❒ Always

F2. Do you feel grinding, hear clicking or any other type of noise when your knee moves?

❒ Never ❒ Rarely ❒ Sometimes ❒ Often ❒ Always

F3. Does your knee ever catch or hang up when moving?

❒ Never ❒ Rarely ❒ Sometimes ❒ Often ❒ Always

F4. Can you straighten your knee fully?

❒ Always ❒ Often ❒ Sometimes ❒ Rarely ❒ Never

F5. Can you bend your knee fully?

❒ Always ❒ Often ❒ Sometimes ❒ Rarely ❒ Never

SECTION G: 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.

G1. How severe is your knee joint stiffness after first waking in the morning?

❒ None ❒ Mild ❒ Moderate ❒ Severe ❒ Extreme

G2. How severe is your knee stiffness after sitting, lying, or resting later in the day?

❒ None ❒ Mild ❒ Moderate ❒ Severe ❒ Extreme

SECTION H: 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.

H1. Squatting:

❒ None ❒ Mild ❒ Moderate ❒ Severe ❒ Extreme

H2. Running:

❒ None ❒ Mild ❒ Moderate ❒ Severe ❒ Extreme

H3. Jumping:

❒ None ❒ Mild ❒ Moderate ❒ Severe ❒ Extreme

H4. Twisting/pivoting on your injured knee:

❒ None ❒ Mild ❒ Moderate ❒ Severe ❒ Extreme

H5. Kneeling:

❒ None ❒ Mild ❒ Moderate ❒ Severe ❒ Extreme

SECTION J: QUALITY OF LIFE

J1. How often are you aware of your knee problem?

❒ Never ❒ Monthly ❒ Weekly ❒ Daily ❒ Constantly

J2. Have you modified your life style to avoid potentially damaging activities to your knee?

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

J3. How much are you troubled with lack of confidence in your knee?

❒ Not at all ❒ Mildly ❒ Moderately ❒ Severely ❒ Extremely

J4. In general, how much difficulty do you have with your knee?

❒ None ❒ Mild ❒ Moderate ❒ Severe ❒ Extreme

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SECTION K: PEDI-FABS ACTIVITY SCALE

Choose <u>one</u> 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 <u>MONTH</u>:**

	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	❒	❒	❒	❒	❒
Decelerating: 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.	❒	❒	❒	❒	❒

K1. 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

K2. 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