

Patient Name: \_\_\_\_\_ Age \_\_\_\_\_ Side: Left  Right

Date: \_\_\_\_\_ Exam: Pre-op  3M  6M  1yr  Other: \_\_\_\_\_

**KNEE PROMs FORM: SECTION 1:**  
**PAIN, SYMPTOMS, and ACTIVITY (IKDC & MARX)**

**1. What is the highest level of activity you can perform without significant knee pain?**

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

**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?**

	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

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

- Not at all
- Mildly
- Moderately
- Very
- Extremely

**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
- Strenuous activities like heavy physical work, skiing or tennis
- Moderate activities like moderate physical work, running or jogging
- Light activities like walking, housework, or yard work
- 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?**

- Yes     No

**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
- Strenuous activities like heavy physical work, skiing or tennis
- Moderate activities like moderate physical work, running or jogging
- Light activities like walking, housework or yard work
- Unable to perform any of the above activities due to giving way of the knee

**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
- Strenuous activities like heavy physical work, skiing or tennis
- Moderate activities like moderate physical work, running or jogging
- Light activities like walking, housework or yard work
- Unable to perform any of the above activities due to knee

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**9. How does your knee affect your ability to:**

	Not difficult at all	Minimally difficult	Moderately Difficult	Extremely difficult	Unable to do
Going up stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going down stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneel on the front of your knee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Squat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting with your knee bent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rising from a chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Running straight ahead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jump+land on your involved leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop and start quickly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**10. How would you rate the function of your knee on a scale of 0-10 with 10 being normal/excellent function and 0 being unable to perform your daily activities/sports?**

**a). FUNCTION OF YOUR KNEE PRIOR TO YOUR KNEE INJURY:**

	0	1	2	3	4	5	6	7	8	9	10	
Cannot perform daily activities	<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"/>	No limitation daily activities

**b). CURRENT FUNCTION OF YOUR KNEE:**

	0	1	2	3	4	5	6	7	8	9	10	
Cannot perform daily activities	<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"/>	No limitation daily activities

**11. Indicate how often you performed each activity (on average) IN THE LAST YEAR.**

(*MARX questions)	Less than 1 time in a month	One time in a month	One time in a week	2-3 times in a week	4 or more times in a week
<b>RUNNING:</b> running while playing a sport or jogging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>CUTTING:</b> activities that require you to change directions while running	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>DECELERATING:</b> activities where you come to a quick stop while running	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PIVOTING:</b> turning your body with your foot planted (eg. skiing, skating, kicking, throwing, golf, tennis, squash)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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### SECTION 2 – LEVEL OF ACTIVITY (Tegner)

Please indicate the **HIGHEST** level of activity that you participated in **BEFORE YOUR KNEE INJURY** and the highest level you are able to participate in **CURRENTLY**.

Highest level BEFORE injury	Highest level CURRENTLY	
<input type="checkbox"/> Level 10	<input type="checkbox"/> Level 10	Competitive sports: soccer, football, rugby (national elite).
<input type="checkbox"/> Level 9	<input type="checkbox"/> Level 9	Competitive sports: soccer, football, rugby (lower divisions), ice hockey, wrestling, gymnastics, basketball.
<input type="checkbox"/> Level 8	<input type="checkbox"/> Level 8	Competitive sports: racquetball, squash or badminton, track and field athletics (jumping, etc.), downhill skiing.
<input type="checkbox"/> Level 7	<input type="checkbox"/> Level 7	Competitive sports: tennis, running, motorcars, handball. Recreational sports: soccer, football, rugby, bandy, ice hockey, basketball, squash, racquetball, running
<input type="checkbox"/> Level 6	<input type="checkbox"/> Level 6	Recreational sports: tennis and badminton, handball, racquetball, down-hill skiing, jogging at least 5x/week.
<input type="checkbox"/> Level 5	<input type="checkbox"/> Level 5	Work: heavy labour (construction, etc.) Competitive sports: cycling, cross-country ski, Recreational sports: jogging on uneven ground at least 2x/week.
<input type="checkbox"/> Level 4	<input type="checkbox"/> Level 4	Work: moderately heavy labour (e.g. truck driving, etc.)
<input type="checkbox"/> Level 3	<input type="checkbox"/> Level 3	Work: light labour (nursing, etc.)
<input type="checkbox"/> Level 2	<input type="checkbox"/> Level 2	Work: light labour Walking on uneven ground possible, but impossible to back pack or hike
<input type="checkbox"/> Level 1	<input type="checkbox"/> Level 1	Work: sedentary (secretarial, etc.)
<input type="checkbox"/> Level 0	<input type="checkbox"/> Level 0	Sick leave or disability pension because of knee problems

### SECTION 3 – GLOBAL RATING (SANE Score)

On a **GLOBAL** scale of 0-100%, how would you **RATE YOUR KNEE** today as a percentage of normal (consider pain, activity modifications, episodes of instability)?

\_\_\_\_\_ % (where 100% = Normal)

### SECTION 4 – OVERALL HEALTH (EQ5D)

Please indicate how good (or bad) your overall **HEALTH STATE** is today by marking an “X” on the line below.

0 ————— 100  
Worst imaginable Best imaginable

**\*\* please TURN OVER and complete the other side \*\***

**Please tick the box that best describes your health state today.**

**1. Mobility**

- I have no problems walking about
- I have some problems in walking about
- I am confined to bed

**2. Self-Care**

- I have no problems with self-care
- I have some problems washing or dressing myself
- I am unable to wash or dress myself

**3. Usual Activities** (e.g. work, study, housework, family or leisure activities)

- I have no problems with performing my usual activities
- I have some problems with performing my usual activities
- I am unable to perform my usual activities

**4. Pain/Discomfort**

- I have no pain or discomfort
- I have moderate pain or discomfort
- I have extreme pain or discomfort

**5. Anxiety/Depression**

- I am not anxious or depressed
- I am moderately anxious or depressed
- I am extremely anxious or depressed

**SECTION 5 – WORK STATUS**

**Have you returned to work since your KNEE INJURY/SURGERY?**

- I was not working before my knee injury/surgery, for reasons unrelated to my knee. (student/retired/unemployed)
- No, I have not returned to work.
- Yes, I am working. If yes, please indicate whether you work regular or modified duties/hours:  
**Duties:**  Regular/Full  Modified  
**Hours:**  Regular/Full  Modified  
**Date you returned to work (d/m/y):** \_\_\_\_\_

**\*\* If you have NOT had surgery yet, please skip the section below. \*\***

**SECTION 6 – POSTOPERATIVE SURGICAL COMPLICATIONS**

**Have you had any of the following problems directly related to your knee surgery?**

	Yes	No	I don't know
INFECTION of the knee requiring ANTIBIOTICS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excessive SWELLING in your knee requiring treatment by a doctor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Further SURGERY to your knee for problems with the original procedure/surgery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other MEDICAL complications such as a blood clot? (describe): _____	<input type="checkbox"/>	<input type="checkbox"/>	

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**\*\*\*\*\* THANK YOU FOR COMPLETING THIS QUESTIONNAIRE \*\*\*\*\***