

PATIENT NAME: _____

DATE: _____

Please answer every question and total scores at the bottom of the page. When in doubt, rate your symptoms at their worst.

Any of your usual work, housework, or school activities	Your usual hobbies, recreational or sport activities	Getting into or out of the bath
<input type="checkbox"/> 0 = Unable to Perform / Extreme Difficulty	<input type="checkbox"/> 0 = Unable to Perform / Extreme Difficulty	<input type="checkbox"/> 0 = Unable to Perform / Extreme Difficulty
<input type="checkbox"/> 1 = Quite a Bit of Difficulty	<input type="checkbox"/> 1 = Quite a Bit of Difficulty	<input type="checkbox"/> 1 = Quite a Bit of Difficulty
<input type="checkbox"/> 2 = Moderate Difficulty	<input type="checkbox"/> 2 = Moderate Difficulty	<input type="checkbox"/> 2 = Moderate Difficulty
<input type="checkbox"/> 3 = A Little Bit of Difficulty	<input type="checkbox"/> 3 = A Little Bit of Difficulty	<input type="checkbox"/> 3 = A Little Bit of Difficulty
<input type="checkbox"/> 4 = No Difficulty	<input type="checkbox"/> 4 = No Difficulty	<input type="checkbox"/> 4 = No Difficulty

Walking between rooms	Squatting	Lifting an object, like a bag of groceries off the floor
<input type="checkbox"/> 0 = Unable to Perform / Extreme Difficulty	<input type="checkbox"/> 0 = Unable to Perform / Extreme Difficulty	<input type="checkbox"/> 0 = Unable to Perform / Extreme Difficulty
<input type="checkbox"/> 1 = Quite a Bit of Difficulty	<input type="checkbox"/> 1 = Quite a Bit of Difficulty	<input type="checkbox"/> 1 = Quite a Bit of Difficulty
<input type="checkbox"/> 2 = Moderate Difficulty	<input type="checkbox"/> 2 = Moderate Difficulty	<input type="checkbox"/> 2 = Moderate Difficulty
<input type="checkbox"/> 3 = A Little Bit of Difficulty	<input type="checkbox"/> 3 = A Little Bit of Difficulty	<input type="checkbox"/> 3 = A Little Bit of Difficulty
<input type="checkbox"/> 4 = No Difficulty	<input type="checkbox"/> 4 = No Difficulty	<input type="checkbox"/> 4 = No Difficulty

Putting on shoes or socks	Performing light activities around your home	Performing heavy activities around your home
<input type="checkbox"/> 0 = Unable to Perform / Extreme Difficulty	<input type="checkbox"/> 0 = Unable to Perform / Extreme Difficulty	<input type="checkbox"/> 0 = Unable to Perform / Extreme Difficulty
<input type="checkbox"/> 1 = Quite a Bit of Difficulty	<input type="checkbox"/> 1 = Quite a Bit of Difficulty	<input type="checkbox"/> 1 = Quite a Bit of Difficulty
<input type="checkbox"/> 2 = Moderate Difficulty	<input type="checkbox"/> 2 = Moderate Difficulty	<input type="checkbox"/> 2 = Moderate Difficulty
<input type="checkbox"/> 3 = A Little Bit of Difficulty	<input type="checkbox"/> 3 = A Little Bit of Difficulty	<input type="checkbox"/> 3 = A Little Bit of Difficulty
<input type="checkbox"/> 4 = No Difficulty	<input type="checkbox"/> 4 = No Difficulty	<input type="checkbox"/> 4 = No Difficulty

Getting into or out of a car	Walking 2 blocks	Walking a mile
<input type="checkbox"/> 0 = Unable to Perform / Extreme Difficulty	<input type="checkbox"/> 0 = Unable to Perform / Extreme Difficulty	<input type="checkbox"/> 0 = Unable to Perform / Extreme Difficulty
<input type="checkbox"/> 1 = Quite a Bit of Difficulty	<input type="checkbox"/> 1 = Quite a Bit of Difficulty	<input type="checkbox"/> 1 = Quite a Bit of Difficulty
<input type="checkbox"/> 2 = Moderate Difficulty	<input type="checkbox"/> 2 = Moderate Difficulty	<input type="checkbox"/> 2 = Moderate Difficulty
<input type="checkbox"/> 3 = A Little Bit of Difficulty	<input type="checkbox"/> 3 = A Little Bit of Difficulty	<input type="checkbox"/> 3 = A Little Bit of Difficulty
<input type="checkbox"/> 4 = No Difficulty	<input type="checkbox"/> 4 = No Difficulty	<input type="checkbox"/> 4 = No Difficulty

Going up and down a flight of stairs (10 stairs)	Standing for 1 hour	Sitting for 1 hour
<input type="checkbox"/> 0 = Unable to Perform / Extreme Difficulty	<input type="checkbox"/> 0 = Unable to Perform / Extreme Difficulty	<input type="checkbox"/> 0 = Unable to Perform / Extreme Difficulty
<input type="checkbox"/> 1 = Quite a Bit of Difficulty	<input type="checkbox"/> 1 = Quite a Bit of Difficulty	<input type="checkbox"/> 1 = Quite a Bit of Difficulty
<input type="checkbox"/> 2 = Moderate Difficulty	<input type="checkbox"/> 2 = Moderate Difficulty	<input type="checkbox"/> 2 = Moderate Difficulty
<input type="checkbox"/> 3 = A Little Bit of Difficulty	<input type="checkbox"/> 3 = A Little Bit of Difficulty	<input type="checkbox"/> 3 = A Little Bit of Difficulty
<input type="checkbox"/> 4 = No Difficulty	<input type="checkbox"/> 4 = No Difficulty	<input type="checkbox"/> 4 = No Difficulty

Rolling over in bed	Running on even ground	Running on uneven ground
<input type="checkbox"/> 0 = Unable to Perform / Extreme Difficulty	<input type="checkbox"/> 0 = Unable to Perform / Extreme Difficulty	<input type="checkbox"/> 0 = Unable to Perform / Extreme Difficulty
<input type="checkbox"/> 1 = Quite a Bit of Difficulty	<input type="checkbox"/> 1 = Quite a Bit of Difficulty	<input type="checkbox"/> 1 = Quite a Bit of Difficulty
<input type="checkbox"/> 2 = Moderate Difficulty	<input type="checkbox"/> 2 = Moderate Difficulty	<input type="checkbox"/> 2 = Moderate Difficulty
<input type="checkbox"/> 3 = A Little Bit of Difficulty	<input type="checkbox"/> 3 = A Little Bit of Difficulty	<input type="checkbox"/> 3 = A Little Bit of Difficulty
<input type="checkbox"/> 4 = No Difficulty	<input type="checkbox"/> 4 = No Difficulty	<input type="checkbox"/> 4 = No Difficulty

Making sharp turns while running fast	Hopping
<input type="checkbox"/> 0 = Unable to Perform / Extreme Difficulty	<input type="checkbox"/> 0 = Unable to Perform / Extreme Difficulty
<input type="checkbox"/> 1 = Quite a Bit of Difficulty	<input type="checkbox"/> 1 = Quite a Bit of Difficulty
<input type="checkbox"/> 2 = Moderate Difficulty	<input type="checkbox"/> 2 = Moderate Difficulty
<input type="checkbox"/> 3 = A Little Bit of Difficulty	<input type="checkbox"/> 3 = A Little Bit of Difficulty
<input type="checkbox"/> 4 = No Difficulty	<input type="checkbox"/> 4 = No Difficulty

Please total your score

/80 = _____ % Disability

IKDC #10: How would you rate the function of your knee/hip/ankle 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?

CURRENT FUNCTION OF YOUR KNEE

CANNOT PERFORM DAILY ACTIVITIES NO LIMITATION

0 1 2 3 4 5 6 7 8 9 10