PATIENT SELF-EVALUATION

SF-36

This survey asks for your views about your health. This information will help you keep track of how you feel and how well you are able to do your usual activities. Answer every question by selecting the answer as indicated. If you are unsure about how to answer a question, please give the best answer you can.

1. In general, would you say your health is: [Check the box that best describes your answer.]

Excellent	Very Good	Good	Fair	Poor
☐	☐	☐	☐	☐

2. *Compared to one year ago,* how would you rate your health in general now?

Much better now than one year ago	Somewhat better now than one year ago	About the same as one year ago	Somewhat worse now than one year ago	Much worse now than one year ago
☐	☐	☐	☐	☐

3. The following questions are about activities you might do during a typical day. *Does your health now limit* you in these activities? If so, how much? [Check a box on each line.]

		Yes, limited a lot	Yes, limited a little	No, not limited at all
a.	*Vigorous Activities,* such as running, lifting heavy objects, participating in strenuous sports	☐	☐	☐
b.	*Moderate Activities,* such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	☐	☐	☐
c.	Lifting or carrying groceries	☐	☐	☐
d.	Climbing *several* flights of stairs	☐	☐	☐
e.	Climbing *one* flight of stairs	☐	☐	☐
f.	Bending, kneeling, or stooping	☐	☐	☐
g.	Walking *more than a mile*	☐	☐	☐
h.	Walking *several hundred yards*	☐	☐	☐
i.	Walking *one hundred yards*	☐	☐	☐
j.	Bathing or dressing yourself	☐	☐	☐

4. During the *past 4 weeks,* how much of the time have you had any of the following problems with your work or other regular daily activities *as a result of your physical health?*

		All of the time	Most of the time	Some of the time	A little of the time	None of the time
a.	Cut down on the *amount of time* you spent on work or other activities	☐	☐	☐	☐	☐
b.	*Accomplished* less than you would like	☐	☐	☐	☐	☐
c.	Were limited in the *kind* of work or other activities	☐	☐	☐	☐	☐
d.	Had *difficulty* performing the work or other activities (for example, it took extra effort)	☐	☐	☐	☐	☐

5. During the *past 4 weeks,* how much of the time have you had any of the following problems with your work or other regular daily activities *as a result of any emotional problems* (such as feeling depressed or anxious)?

		All of the time	Most of the time	Some of the time	A little of the time	None of the time
a.	Cut down on the *amount of time* you	☐	☐	☐	☐	☐

	spent on work or other activities					
b.	*Accomplished less* than you would like	☐	☐	☐	☐	☐
c.	Did work or activities *less carefully than usual*	☐	☐	☐	☐	☐

6. During the *past 4 weeks,* to what *extent* has your *physical health or emotional problems* interfered with your normal social activities with family, friends, neighbors, or groups?

Not at all ☐ | Slightly ☐ | Moderately ☐ | Quite a bit ☐ | Extremely ☐

7. How much *bodily* pain have you had during the *past 4 weeks*?

None ☐ | Very mild ☐ | Mild ☐ | Moderate ☐ | Severe ☐ | Severe ☐

8. During the *past 4 weeks,* how much did *pain* interfere with your normal work (including both work outside the home and housework)?

Not at all ☐ | A little bit ☐ | Moderately ☐ | Quite a bit ☐ | Extremely ☐

9. These questions are about how you feel and how things have been with you *during the past 4 weeks*. For each question, please give the one answer that comes closest to the way you have been feeling.
How much of the time during the *past 4 weeks*...

		All of the time	Most of the time	Some of the time	A little of the time	None of the time
a.	Did you feel full of life?	☐	☐	☐	☐	☐
b.	Have you been very nervous?	☐	☐	☐	☐	☐
c.	Have you felt so down in the dumps that nothing could cheer you up?	☐	☐	☐	☐	☐
d.	Have you felt calm and peaceful?	☐	☐	☐	☐	☐
e.	Did you have a lot of energy?	☐	☐	☐	☐	☐
f.	Have you felt downhearted and depressed?	☐	☐	☐	☐	☐
g.	Did you feel worn out?	☐	☐	☐	☐	☐
h.	Have you been happy?	☐	☐	☐	☐	☐
i.	Did you feel tired?	☐	☐	☐	☐	☐

10. During the *past 4 weeks,* how much of the time has your *physical health or emotional problems* interfered with your social activities (like visiting friends, relatives, etc.)?

All of the time ☐ | Most of time ☐ | Some of the time ☐ | A little of the time ☐ | None of the time ☐

11. How TRUE or FALSE is *each* of the following statements for you?

		Definitely true	Mostly true	Don't know	Mostly false	Definitely false
a.	I seem to get sick a little easier than other people	☐	☐	☐	☐	☐
b.	I am as healthy as anybody I know	☐	☐	☐	☐	☐
c.	I expect my health to get worse	☐	☐	☐	☐	☐
d.	My health is excellent	☐	☐	☐	☐	☐

IKDC Subjective Knee Evaluation Form

SYMPTOMS:

1. What is the highest level of activity that 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?

Never 0 1 2 3 4 5 6 7 8 9 10 Constant

3. If you have been in pain, how severe is it?

No Pain 0 1 2 3 4 5 6 7 8 9 10 Worst pain imaginable

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 knees?
   - [ ] 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

SPORTS ACTIVITIES:

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

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

FUNCTION:

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?

FUNCTION PRIOR TO KNEE INJURY:

Cannot perform daily activities 0 1 2 3 4 5 6 7 8 9 10 No limitation in daily activities

CURRENT FUNCTION OF YOUR KNEE:

Cannot perform daily activities 0 1 2 3 4 5 6 7 8 9 10 No limitation in daily activities