

# KNEE SOCIETY SCORE: SHORT FORM

## DEMOGRAPHIC INFORMATION

<b>1 - Sex</b> <input type="radio"/> Male <input type="radio"/> Female	<b>2 - Date of birth</b> Enter dates as: mm/dd/yyyy	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>3 - Height (ft' in")</b> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Weight (lbs.)</b> <input type="text"/> <input type="text"/> <input type="text"/>
<b>4 - Today's date</b> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>5 - Surgically treated knee</b> <input type="radio"/> Left <input type="radio"/> Right	<b>*If both knees please use a different form for each one</b>		
<b>6 - Race</b> <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Native Hawaiian or other Pacific Islander <input type="radio"/> Asian <input type="radio"/> Black <input type="radio"/> White <input type="radio"/> Other				
<b>7 - Ethnicity</b> <input type="radio"/> Not Hispanic <input type="radio"/> Hispanic				

## SYMPTOMS

<b>8 - Pain with level walking</b> <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <b>none</b> <span style="float: right;"><b>severe</b></span>
<b>9 - Pain with stairs or inclines</b> <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <b>none</b> <span style="float: right;"><b>severe</b></span>
<b>10 - Does this knee feel "normal" to you?</b> <input type="radio"/> Always <input type="radio"/> Sometimes <input type="radio"/> Never

## PATIENT SATISFACTION

<b>11 - Currently, how satisfied are you with your knee function while performing light household activities?</b> <input type="radio"/> very satisfied <input type="radio"/> satisfied <input type="radio"/> neutral <input type="radio"/> dissatisfied <input type="radio"/> very dissatisfied
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## FUNCTIONAL ACTIVITIES

<b>12 - For how long can you walk (with or without aid) before stopping due to knee discomfort?</b> <input type="radio"/> cannot walk <input type="radio"/> 0-5 minutes <input type="radio"/> 6-15 minutes <input type="radio"/> 16-30 minutes <input type="radio"/> 31-60 minutes <input type="radio"/> more than an hour
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## STANDARD ACTIVITIES

How much does your knee bother you during each of the following activities?	no bother 5	slight 4	moderate 3	severe 2	very severe 1	cannot do (because of knee) 0	I never do this
13 - Walking on an uneven surface	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14 - Climbing up or descending a flight of stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15 - Getting up from a low couch or a chair without arms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16 - Running	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## DISCRETIONARY KNEE ACTIVITIES

**Many people consider the following activities important. Of these activities, which one is the most important to you?**

(please do not write in additional activities)

<input type="checkbox"/> Swimming <input type="checkbox"/> Golfing (18 holes) <input type="checkbox"/> Road Cycling (>30mins) <input type="checkbox"/> Gardening <input type="checkbox"/> Bowling <input type="checkbox"/> Racquet Sports (Tennis, Racquetball, etc.) <input type="checkbox"/> Distance Walking <input type="checkbox"/> Dancing / Ballet <input type="checkbox"/> Stretching Exercises (stretching out your muscles)	<input type="checkbox"/> Weight-lifting <input type="checkbox"/> Leg Extensions <input type="checkbox"/> Stair-Climber <input type="checkbox"/> Stationary Biking / Spinning <input type="checkbox"/> Leg Press <input type="checkbox"/> Jogging <input type="checkbox"/> Elliptical Trainer <input type="checkbox"/> Aerobic Exercises
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**How much does your knee bother you during the activity checked above?**

no bother 5	slight 4	moderate 3	severe 2	very severe 1	cannot do (because of knee) 0
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>