

ADULT FOLLOW-UP

C7. 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

SECTION D: SPORTS ACTIVITIES

D1. 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 giving way of the knee

D2. 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Go down stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Kneel on the front of your knee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Squat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Sit with your knee bent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Rise from a chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Run straight ahead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Jump & land on your involved leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Stop and start quickly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION E: FUNCTION

E1. 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 YOUR KNEE INJURY:

0 = Couldn't perform daily activities

10 = No limitation in daily activities

0 1 2 3 4 5 6 7 8 9 10

CURRENT FUNCTION OF YOUR KNEE:

0 = Cannot perform daily activities

10 = No limitation in daily activities

0 1 2 3 4 5 6 7 8 9 10

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SECTION F: KOOS KNEE EVALUATION

INSTRUCTIONS: 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

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- 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

SECTION K: MARX ACTIVITY SCALE

Please indicate how often you performed each activity **in your healthiest and most active state, in the past year.**

	Less than one time in a month	One time in a month	One time in a week	2 or 3 times in a week	4 or more times in a week
Running: while playing a sport or jogging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cutting: changing directions while running	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deceleration: coming to a quick stop while running	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pivoting: turning your body with your foot planed while playing sport; For example: skiing, skating, kicking, throwing, hitting a ball (golf, tennis, squash), etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>