## APPENDIX

The Pediatric International Knee Documentation Committee (Pedi-IKDC)

### General information

1. Full name: ______________________________
2. Date of birth: ___/___/______
3. Date of completion: ___/___/______

### Injury information

Date of injury: ___/___/______

We need to know more about your knee injury. Each question focuses on different aspects of the trauma. Please answer each question by ticking only one box.

### SYMPTOMS

1. What is the highest level of activity you can perform nowadays without significant knee pain?
   - Very strenuous activities like jumping or pivoting to change direction as in basketball or soccer
   - Strenuous activities like weightlifting, skiing, or tennis
   - Moderate activities, such as brisk walking or jogging
   - Low-intensity activities, such as walking at a normal speed
   - I am unable to perform any of the above activities due to severe knee pain

2. How often have you had pain in the injured knee?

<table>
<thead>
<tr>
<th>Never</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
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</table>

3. How severe is your pain in the knee today?

<table>
<thead>
<tr>
<th>No pain</th>
<th>0</th>
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<th>2</th>
<th>3</th>
<th>4</th>
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<th>6</th>
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4. How difficult is it for you to bend and move your injured knee?
   - Not difficult
   - Slightly difficult
   - Moderately difficult
   - Very difficult
   - Extremely difficult

5. How stiff or swollen was your injured knee since your injury?
   - None at all
   - Mildly
   - Moderately
   - Very
   - Extremely

6. What activities can you currently perform without swelling (edema) in your knee joint?
   - Very strenuous activities like jumping or pivoting to change direction as in basketball or soccer
   - Strenuous activities like weightlifting, skiing, or tennis
   - Moderate activities, such as brisk walking or jogging
   - Low-intensity activities, such as walking at a normal speed
   - I am unable to perform any of the above activities due to the injured knee swelling even when I am at rest

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7. Since the injury, have you had episodes of the injured knee lock or catch (so that you could not move it at all)?
   - Yes ☐ ☐
   - No ☐ ☐

8. Since the injury, did you feel like the injured knee was “locked” (stuck) in one position, but soon you were able to move it?
   - Yes ☐ ☐
   - No ☐ ☐

9. What actions can you perform today without feeling unstable in the knee joint?
   - ☐ 1. Very strenuous activities like jumping or pivoting to change direction as in basketball or soccer
   - ☐ 2. Strenuous activities like weightlifting, skiing, or tennis
   - ☐ 3. Moderate activities, such as brisk walking or jogging
   - ☐ 4. Low-intensity activities, such as walking at a normal speed
   - ☐ 5. I am unable to perform any of the above activities because I feel like I cannot lean on my injured knee

SPORTS ACTIVITIES

10. What exercises are part of your daily activities?
   - ☐ 1. Very strenuous activities like jumping or pivoting to change direction as in basketball or soccer
   - ☐ 2. Strenuous activities like weightlifting, skiing, or tennis
   - ☐ 3. Moderate activities, such as brisk walking or jogging
   - ☐ 4. Low-intensity activities, such as walking at a normal speed
   - ☐ 5. I am unable to perform any of the above activities

11. How does your knee affect your ability to:

<table>
<thead>
<tr>
<th>Activity</th>
<th>None at all</th>
<th>Slight</th>
<th>Moderate</th>
<th>Extreme</th>
<th>Unable to do</th>
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<tbody>
<tr>
<td>a. Go up stairs</td>
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<tr>
<td>b. Go downstairs</td>
<td>☐</td>
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<td>c. Kneel on the front of your knee</td>
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<td>d. Squat</td>
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<td>e. Sit with your knee bent</td>
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<td>f. Rise from a chair</td>
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<td>g. Run straight ahead</td>
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<td>h. Jump and land on involved leg</td>
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<td>i. Stop and start quickly</td>
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FUNCTION

12. How would you rate the function of your knee prior to the injury?

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<tr>
<th>Inability to perform any of daily activities</th>
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13. How would you rate the current function of your knee?

<table>
<thead>
<tr>
<th>Inability to perform any of daily activities</th>
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14. How did you answer the questions?
   - ☐ 1. Independently
   - ☐ 2. With the help of parents/adults