Directions: Answer every question by filling in the correct circle or writing in the information. If you need to change an answer, completely erase or cross out the incorrect mark, initial, and fill in the correct information. Mark only one answer for each question unless otherwise instructed. Shade circles like this: ●

01. Which knee is being evaluated? (Mark only one)
   ○ Left  ○ Right

02. Pain intensity
   ○ None  ○ Moderate, occasional
   ○ Mild or occasional  ○ Moderate, continuous
   ○ Mild, stairs only  ○ Severe
   ○ Mild, walking and stairs

03. Range of motion
   (Report hyperextension in negative degrees)
   a. Extension | | | |
   b. Flexion | | | |

04. Anteroposterior stability
   ○ < 5 mm  ○ 5-10 mm  ○ > 10 mm

05. Mediolateral stability
   ○ < 5 degrees  ○ 10-14 degrees
   ○ 5-9 degrees  ○ > 14 degrees

06. Flexion contracture (passive)
   ○ 0-4 degrees  ○ 16-20 degrees
   ○ 5-9 degrees  ○ > 20 degrees
   ○ 10-15 degrees

07. Extension lag (active)
   ○ None  ○ 10-20 degrees
   ○ < 10 degrees  ○ > 20 degrees

08. Anatomic Alignment (Specify degrees)
   Varus  Neutral  Valgus
   ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○
   <1 1 2 3 4 5 6 7 8 9 10 11 12 13 14 >14

09. Walking ability
   ○ Unlimited  ○ < 5 blocks
   ○ > 10 blocks  ○ Housebound
   ○ 5-10 blocks  ○ Unable

10. Ability to climb stairs
   ○ Normal up and down  ○ Up with rail, unable to go down
   ○ Normal, down with rail  ○ Unlikely
   ○ Up and down with rail  ○ Unable

11. Are there other factors, besides the evaluated knee, that limit patient function?
   ○ Yes (Specify below)  ○ No

12. Walking support
   ○ None  ○ Two canes
   ○ Cane  ○ Crutches, walker or other

13a. Is the evaluated knee the primary reason for support?
   ○ Yes  ○ No (Specify):

14. What is the status of the contralateral knee?
   ○ Normal  ○ Arthritis limits function
   ○ TKA, but does not limit function  ○ TKA limits function

15. What medications are currently being taken by the patient for pain? (Mark all that apply)
   ○ None  ○ NSAIDs
   ○ Acetaminophen  ○ Oral steroids
   ○ Narcotic analgesics  ○ Other (Specify below)

16. What is the patient’s weight bearing status for the affected limb(s)?
   ○ Full weight bearing  ○ Partial weight bearing
   ○ Non-weight bearing

17. Is the range of motion limited by soft tissues?
   ○ Yes  ○ No

---

Modified from Insall JN, et. al., Clinical Orthopaedics and Related Research. 248:13-14, 1989