Appendix A – 2 Week Knee Survey – (given only to subjects in the 2 week group between 4 week knee surveys)

In the last 2 weeks, how many times have you attended physical therapy?

- Have not gone
- Once
- 2-3 times
- 4-5 times
- 6 or more times

Were you given any of the following exercises to do at home? Check all that apply

- Range of motion exercises
- Leg lifts
- Squatting
- Band or tubing exercises
- Bicycle
- Walking
- Balance
- Stretching
- None
- Other

If you answered other to the previous question - what other exercises have you been given?

How often have you been doing these exercises?

- More than once a day
- Once a day
- 5-6 times/ week
- 2-4 times/ week
- Once a week

Related to your knee, have you been doing exercises at a fitness club and/or with a personal trainer outside of your physical therapy or home exercises given by your physical therapist?

- Yes
- No

How often are you doing these exercises?

- More than once a day
- Once a day
- 5-6 days/ week
- 2-4 days/ week
- Once a week

In the last 2 weeks, have you used any of the following? Check all that apply

- Wheelchair
- Crutches
- Cane or walking stick
- Walker
- CPM-knee moving machine
- None

What was the last date you used 2 crutches?

__________________________

What was the last date you used one single crutch, cane, or walking stick?

__________________________
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
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</thead>
<tbody>
<tr>
<td>How often do you use the CPM machine?</td>
<td>○ Once a day&lt;br&gt;○ 2-4 days/ week&lt;br&gt;○ 5-6 days/ week&lt;br&gt;○ Once a week</td>
</tr>
<tr>
<td>How long per day do you use the CPM?</td>
<td>○ 8 or more hours per day&lt;br&gt;○ 6-8 hours per day&lt;br&gt;○ 4-6 hours per day&lt;br&gt;○ 2-4 hours per day&lt;br&gt;○ Less than 2 hours per day</td>
</tr>
<tr>
<td>Have you returned to work?</td>
<td>○ Full time with no restrictions&lt;br&gt;○ Full time with some restrictions&lt;br&gt;○ Part time with no restrictions&lt;br&gt;○ Part time with some restrictions&lt;br&gt;○ No</td>
</tr>
<tr>
<td>Have you returned to sport/athletics?</td>
<td>○ Full activity with no restriction&lt;br&gt;○ Some restrictions&lt;br&gt;○ No&lt;br&gt;○ Does not apply</td>
</tr>
<tr>
<td>What level of sport/athletics activity are you participating in?</td>
<td>○ High level/intense&lt;br&gt;○ Moderate activities&lt;br&gt;○ Low level activities&lt;br&gt;○ Does not apply</td>
</tr>
<tr>
<td>Based on the following scale, how would you rate your overall condition.</td>
<td>○ 1&lt;br&gt;○ 2-Poor - I have significant limitations that affect activities of daily living&lt;br&gt;○ 3&lt;br&gt;○ 4-Fair - I have moderate limitations that affect activities of daily living, no sports possible&lt;br&gt;○ 5&lt;br&gt;○ 6-Good - I have some limitations with sports but I can participate; I compensate&lt;br&gt;○ 7&lt;br&gt;○ 8-Very good - I have only a few limitations with sports&lt;br&gt;○ 9&lt;br&gt;○ 10-Excellent - I am able to do whatever I wish (any sport) with no problems</td>
</tr>
</tbody>
</table>
Based on the following scale, how would you rate your PAIN?

0-Severe symptoms (constant, not relieved) with activities of daily living

1-Moderate symptoms (frequent, limiting) with activities of daily living

3-Able to do activities of daily living along; symptoms with light work/sports

5-Able to do light work/sports with no running, turning, twisting or jumping, symptoms with moderate work/sports

7-Able to do moderate work/sports with running turning twisting or jumping, symptoms with strenuous work/sports

9-Normal knee: able to do strenuous work/sports with jumping, hard pivoting

Based on the following scale, how would you rate your knee SWELLING?

0-Severe symptoms (constant, not relieved) with activities of daily living

1-Moderate symptoms (frequent, limiting) with activities of daily living

3-Able to do activities of daily living along; symptoms with light work/sports

5-Able to do light work/sports with no running, turning, twisting or jumping, symptoms with moderate work/sports

7-Able to do moderate work/sports with running turning twisting or jumping, symptoms with strenuous work/sports

9-Normal knee: able to do strenuous work/sports with jumping, hard pivoting

Appendix B - 4 Week Knee Survey (given to all subjects every 4 weeks post surgery)\(^{1-3}\)

Please state ID given in email

____________________________

Today’s Date

____________________________

How many times have you attended physical therapy in the last 2 weeks?

- Have not gone
- Once
- 2-3 times
- 4-5 times
- More than 5 times

Where have you been attending physical therapy?

____________________________

What is the name of the therapist you normally work with?

____________________________

Were you given any of the following exercises to do at home? Check all that apply

- Range of motion exercises
- Leg lifts
- Squatting
- Band or tubing exercises
- Bicycle
- Walking
- Balance
- Stretching
- None
- Other

What other exercises were you given to do at home?

____________________________

How often have you been doing these exercises?

- 2-3 times/ day
- Once a day
- 5-6 days/ week
- 2-4 days/ week
- Once a week

Related to your knee, have you been doing exercises at a fitness club and/or with a personal trainer outside of your physical therapy or home exercises given by your physical therapist?

- Yes
- No

How often are you going/doing these exercises?

- 2-3 times/ day
- Once a day
- 5-6 days/ week
- 2-4 days/ week
- Once a week
In the last month, have you been using any of the following? Check all that apply

- Wheelchair
- Crutches
- Cane or walking stick
- Walker
- CPM-knee moving machine
- none

What was the last date you used 2 crutches?

What was the last date you used one single crutch, cane, or walking stick?

How often do you use the CPM machine?

- Once a week
- 2-4 days/week
- 5-6 days/week
- Daily

How many hours per day do you use the CPM?

- 8 or more hours per day
- 6-8 hours per day
- 4-6 hours per day
- 2-4 hours per day
- Less than 2 hours per day

Have you returned to work?

- Full time with no restrictions
- Full time with some restrictions
- Part time
- No

Have you returned to sport/athletics?

- Full activity with no restrictions
- Some restrictions
- No
- Does not apply

What level of sport/athletic activity are you participating in?

- High level/intense
- Moderate activities
- Low level activities
- Does not apply

Do you have a limp?

- No
- Slight limp or limp periodically
- Severe limp and constantly

What support do you need for walking?

- None
- Stick or crutch
- I am unable to bear weight

Does your knee lock?

- No locking or catching
- Catching but no locking
- Locking occasionnally
- Locking frequently

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<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
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<tbody>
<tr>
<td>How unstable is your knee? (How often does it give way?)</td>
<td>1: Rarely during athletics or severe exertion</td>
</tr>
<tr>
<td></td>
<td>2: Frequently during daily activities</td>
</tr>
<tr>
<td></td>
<td>3: Often during daily activities</td>
</tr>
<tr>
<td></td>
<td>4: Every day</td>
</tr>
<tr>
<td>How painful is your knee?</td>
<td>1: No pain</td>
</tr>
<tr>
<td></td>
<td>2: Inconstant and light during severe exertion</td>
</tr>
<tr>
<td></td>
<td>3: Marked during severe exertion</td>
</tr>
<tr>
<td></td>
<td>4: Marked on or after walking 2km</td>
</tr>
<tr>
<td></td>
<td>5: Marked on or after walking less than 2 km</td>
</tr>
<tr>
<td></td>
<td>6: Constant</td>
</tr>
<tr>
<td>Do you have swelling in your knee?</td>
<td>1: None</td>
</tr>
<tr>
<td></td>
<td>2: On severe exertion</td>
</tr>
<tr>
<td></td>
<td>3: On ordinary exertion</td>
</tr>
<tr>
<td></td>
<td>4: Constant</td>
</tr>
<tr>
<td>Can you climb stairs?</td>
<td>1: No problem</td>
</tr>
<tr>
<td></td>
<td>2: Slightly impaired</td>
</tr>
<tr>
<td></td>
<td>3: One step at a time</td>
</tr>
<tr>
<td></td>
<td>4: Impossible</td>
</tr>
<tr>
<td>Can you squat?</td>
<td>1: No problems</td>
</tr>
<tr>
<td></td>
<td>2: Slightly impaired</td>
</tr>
<tr>
<td></td>
<td>3: Not beyond 90 degrees</td>
</tr>
<tr>
<td></td>
<td>4: Impossible</td>
</tr>
</tbody>
</table>

Based on the following scale, how would you rate your overall condition:

1: Poor - I have significant limitations that affect activities of daily living
2: Fair - I have moderate limitations that affect activities of daily living, no sports possible
3: Good - I have some limitations with sports but I can participate; I compensate
4: Very good - I have only a few limitations with sports
5: Excellent - I am able to do whatever I wish (any sport) with no problems
Based on the following scale, how would you rate your PAIN?

- 0-Severe symptoms (constant, not relieved) with activities of daily living
- 1-Moderate symptoms (frequent, limiting) with activities of daily living
- 2-Able to do activities of daily living along; symptoms with light work/sports
- 3-Able to do light work/sports with no running, turning, twisting or jumping, symptoms with moderate work/sports
- 4-Able to do moderate work/sports with running turning twisting or jumping, symptoms with strenuous work/sports
- 5-Normal knee: able to do strenuous work/sports with jumping, hard pivoting

Based on the following scale, how would you rate your knee SWELLING?

- 0-Severe symptoms (constant, not relieved) with activities of daily living
- 1-Moderate symptoms (frequent, limiting) with activities of daily living
- 2-Able to do activities of daily living along; symptoms with light work/sports
- 3-Able to do light work/sports with no running, turning, twisting or jumping, symptoms with moderate work/sports
- 4-Able to do moderate work/sports with running turning twisting or jumping, symptoms with strenuous work/sports
- 5-Normal knee: able to do strenuous work/sports with jumping, hard pivoting

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
During the past month, how often have you had pain?\(^3\)

- 0 - never
- 1 2 3 4 5 6 7 8 9 10 - constant

If you have pain, how severe is it?\(^3\)

- 0 - no pain
- 1 2 3 4 5 6 7 8 9 10 - worst pain imaginable

During the past month, or since the surgery, how stiff or swollen was your knee?\(^3\)

- Not at all
- Mildly
- Moderately
- Very
- Extremely

What is the highest level of activity you can perform without significant swelling in your knee?\(^3\)

- 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

During the past month, or since your surgery, did your knee lock or catch?\(^3\)

- Yes
- No

What is the highest level of activity you can perform without significant giving way in your knee?\(^3\)

- 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

What is the highest level of activity you can participate in on a regular basis?\(^3\)

- 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

How does your knee affect your ability to go up stairs?\(^3\)

- Not difficult at all
- Minimally difficult
- Moderately difficult
- Extremely difficult
- Unable to do

How does your knee affect your ability to go down stairs?\(^3\)

- Not difficult at all
- Minimally difficult
- Moderately difficult
- Extremely difficult
- Unable to do

How does your knee affect your ability to kneel on the front of your knee?\(^3\)

- Not difficult at all
- Minimally difficult
- Moderately difficult
- Extremely difficult
- Unable to do
How does your knee affect your ability to squat?

○ Not difficult at all  ○ Minimally difficult  ○ Moderately difficult  ○ Extremely difficult  ○ Unable to do

How does your knee affect your ability to sit with your knee bent?

○ Not difficult at all  ○ Minimally difficult  ○ Moderately difficult  ○ Extremely difficult  ○ Unable to do

How does your knee affect your ability to rise from a chair?

○ Not difficult at all  ○ Minimally difficult  ○ Moderately difficult  ○ Extremely difficult  ○ Unable to do

How does your knee affect your ability to run straight ahead?

○ Not difficult at all  ○ Minimally difficult  ○ Moderately difficult  ○ Extremely difficult  ○ Unable to do

How does your knee affect your ability to jump and land on your involved leg?

○ Not difficult at all  ○ Minimally difficult  ○ Moderately difficult  ○ Extremely difficult  ○ Unable to do

How does your knee affect your ability to stop and squat quickly?

○ Not difficult at all  ○ Minimally difficult  ○ Moderately difficult  ○ Extremely difficult  ○ Unable to do

How would you rate the function of your knee PRIOR TO KNEE INJURY on a scale of 0-10 with 10 being normal, excellent function and 0 being the inability to perform any of your usual daily activities which may include sports?

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

How would you rate the CURRENT FUNCTION of your knee on a scale of 0-10 with 10 being normal, excellent function and 0 being the inability to perform any of your usual activities which may include sports?

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

