

**This is a questionnaire asking you about your knee. Please circle the statement which best applies to you.**

## **Modified Cincinnati Rating System**

### **Pain**

- 20 No pain, normal knee, performs 100%.
- 16 Occasional pain with strenuous sports or heavy work, knee not entirely normal, some limitations but minor and tolerable.
- 12 Occasional pain with light recreational sports or moderate work activities, running or, heavy labour, strenuous sports.
- 8 Pain, usually brought on by sports, light recreational activities or moderate work. Occasionally occurs with walking, standing or light work.
- 4 Pain is a significant problem with simple activity such as walking, relieved by rest, unable to do sports.
- 0 Pain present all the time. Not relieved by rest.

### **Swelling**

- 10 No swelling
- 8 Occasional swelling with strenuous sports or heavy work. Some limitations but minor and tolerable.
- 6 Occasional swelling with light recreational sports or moderate work activities. Frequently brought on by vigorous activities, running, heavy labour, and strenuous sport.
- 4 Swelling limits sports and moderate work. Occurs infrequently with simple walking activities or light work (approx 3 times a year)
- 2 Swelling brought on by simple walking activities and light work. Relieved by rest.
- 0 Severe problem all the time, with simple walking activities.

### **Giving Way**

- 20 No giving way.
- 16 Occasional giving way with strenuous sports or heavy work. Can participate in all sports but some guarding or limitations present.
- 12 Occasional giving way with light sports or moderate work. Able to compensate but limits vigorous activities, sports, or heavy work not able to cut or twist suddenly.
- 8 Giving way limits sports and moderate work, occurs infrequently with walking or light work (approx 3 times year)
- 4 Giving way with simple walking activities and light work. Occurs once per month, requires guarding
- 0 Severe problem with simple walking activities, cannot turn or twist while walking without giving way

### **Overall activity level**

- 20 No limitation, normal knee, able to do everything including strenuous sports or heavy labour
- 16 Perform sports including vigorous activities but at a lower performance level: involves guarding or some limits to heavy labour
- 12 Light recreational activities possible with rare symptoms, more strenuous activities cause problems. Active but in different sports; limited to moderate work
- 8 No sports or recreational activities possible. Walking with rare symptoms; limited to light work.
- 4 Walking, ADL cause moderate symptoms, frequent limitations.
- 0 Walking, ADL cause severe problems, persistent symptoms.

### **Walking**

- 10 Walking unlimited.
- 8 Slight/mild problem
- 6 Moderate problem: smooth surface possible up to approx 800m
- 4 Severe problem, only 2-3 blocks possible
- 2 Severe problem; requires stick or crutches

### **Stairs**

- 10 Normal, unlimited
- 8 Slight/mild problem
- 6 Moderate problems only 10-15 steps possible
- 4 Severe problem; requires banister support
- 2 Severe problem on 1-5 steps possible

### **Running Activity**

- 5 Normal, unlimited; fully competitive, strenuous
- 4 Slight mild problem; run half speed
- 3 Moderate problem 2-4 km
- 2 Severe problem only 1-2 blocks possible
- 1 Severe problem only a few steps

### **Jumping or Twisting Activity**

- 5 Normal, unlimited, fully competitive, strenuous
- 4 Slight to mild problem; some guarding but sport possible
- 3 Moderate problem; gave up strenuous sports, recreational sports possible
- 2 Severe problem; affects all sports; must constantly guard
- 1 Severe problem; only light activity possible (golf, swimming)

This is a rating scale which again asks you about your knee. Please circle the statement which best applies to you.

<b>The Bentley functional Rating Score</b>	
0	No Pain
1	Slight pain after vigorous activity, sport/work/activities of daily living NOT affected
2	Mild pain after limited activity, sport/work activities of daily living ARE affected
3	Moderate pain after limited activity, sport/work/activities of daily living ARE affected
4	Severe pain with activity or rest pain

### **VISUAL ANALOGUE SCORE**

Please grade your pain over the last 1 week on a scale from 0 to 10.

0 = no pain 10 = maximum possible pain

Please score on the line below the least pain and the most pain you have experienced

