

Questionnaire to Identify Knee Symptoms-R (QuIKS-R)

Instructions

Tick one box to answer each question. If you are unclear about how to answer a question, please give your best answer.

Medications

The following statements describe things you might do to manage your knee pain with medications.

Tick the box that best describes how often each statement applies to you in the last 2 weeks.

	Never	Rarely	Sometimes	Often	Always
1. I take pills <u>before</u> I do some activities to prevent knee pain.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
2. I take pills <u>after</u> I do some activities to reduce knee pain.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
3. I carry pills with me just in case my knees start to hurt.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

Monitoring

The following statements describe how you may monitor your knee symptoms.

Tick the box that best describes your agreement with each of the following statements in the last 2 weeks.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
4. I notice knee pain when kneeling.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
5. My knees feel <u>stiff</u> after sitting or standing for long periods of time.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
6. My knees <u>hurt</u> after sitting or standing for long periods of time.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

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Interpreting

The following statements describe how you may interpret your ongoing knee symptoms.

Tick the box that best describes your agreement with each of the following statements in the last 2 weeks.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
7. I talk to family and friends about things I can do about my knee problems.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
8. I consult my doctor about my knee problems.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
9. I suspect my knee problems are the result of getting older.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
10. I suspect my knee problems are arthritis.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

Modifying

The following statements describe how you may modify activities in response to knee pain.

Tick the box that best describes your agreement with each of the following statements in the last 2 weeks.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
11. I participate in certain activities less often to avoid aggravating my knees.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
12. I am considering stopping a favorite activity due to my knees.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
13. I am considering changing my exercise routine due to my knee problems.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

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The conversion table below is for Clinicians Use Only

QuIKS-R raw total score = _____ **QuIKS-R** final score = _____

Conversion Table

Total Raw Score	Final Score	Total Raw Score	Final Score	Total Raw Score	Final Score
0	100	9	66.2	18	29.7
1	94.8	10	59.2	19	26.7
2	90.6	11	52.9	20	23.8
3	87.3	12	48.2	21	20.9
4	84.4	13	44.5	22	17.9
5	81.6	14	41.2	23	14.9
6	78.6	15	38.3	24	11.4
7	75.3	16	35.4	25	6.6
8	71.2	17	32.6	26	0