Patient Name	Date of Visit	Involved Knee ☐ right ☐ left	Date of Original Injury
Occupation	Current Work Satus ☐ full-time ☐ part-time		

How soon after your injury/surgery/knee problem were you able to return to work activities?

☐0-3 months ☐4-6 months ☐7-12 months ☐unable to return

Occupational Rating Scale

Check the response which best describes what you actually do at work. Check only one response per column.

Factor 1 sitting	**Factor 2** standing/ walking	**Factor 3** walking on un-even ground	**Factor 4** squatting	**Factor 5** climbing	**Factor 6** lifting/carrying	**Factor 7** pounds carried
0 ☐ 8-10 hrs/day	0 ☐ 0 hr/day	0 ☐ 0 hr/day	0 ☐ 0 times/day	0 ☐ 0 times/day	0 ☐ 0 times/day	0 ☐ 0-5 lbs
1 ☐ 6-7 hrs/day	2 ☐ 1 hr/day	2 ☐ 1 hr/day	1 ☐ 1-5 times/day	2 ☐ 1 flight, 2 times/day	1 ☐ 1-5 times/day	1 ☐ 6-10 lbs
2 ☐ 4-5 hrs/day	4 ☐ 2-3 hrs/day	4 ☐ 2-3 hrs/day	2 ☐ 6-10 times/day	4 ☐ 3 flights, 2 times/day	2 ☐ 6-10 times/day	2 ☐ 11-20 lbs
3 ☐ 2-3 hrs/day	6 ☐ 4-5 hrs/day	6 ☐ 4-5 hrs/day	3 ☐ 11-15 times/day	6 ☐ 10 flights/ ladders	3 ☐ 11-15 times/day	3 ☐ 21-25 lbs
4 ☐ 1 hr/day	8 ☐ 6-7 hrs/day	8 ☐ 6-7 hrs/day	4 ☐ 16-20 times/day	8 ☐ ladders with weight 2-3 days/week	4 ☐ 16-20 times/day	4 ☐ 26-30 lbs
5 ☐ 0 hr/day	10 ☐ 8-10 hrs/day	10 ☐ 8-10 hrs/day	5 ☐ more than 20 times/day	10 ☐ ladders daily with weight	5 ☐ more than 20 times/day	5 ☐ more than 30 lbs

Total Points _____ *x 2 =* _____

Change in Work Activities

Check the box which best describes any change you have had in work activities since your injury/surgery.

My work activities have:

☐ **Not Changed**
if yes, check one below

- ☐ I have no/slight problems (c)
- ☐ I have moderate/significant problems (d)

☐ **Decreased**
if yes, check one below

- ☐ I now have no/slight problems (e)
- ☐ I now have moderate significant problems (d)
- ☐ For reasons not related to my knee (g)

☐ **Unable to Work**
if yes, check one below

- ☐ I have moderate/significant problems when I work (f)
- ☐ For reasons not related to my knee (g)

Level _____

Symptoms

Check all of the problems that occur during the following activities:

	No problems	**Pain**	**Swelling**	**Partial giving way**	**Full giving way**
Sitting	☐	☐	☐	☐	☐
Standing/walking	☐	☐	☐	☐	☐
Walking on uneven ground	☐	☐	☐	☐	☐
Squatting	☐	☐	☐	☐	☐
Climbing	☐	☐	☐	☐	☐
Lifting/carrying	☐	☐	☐	☐	☐

OCCUPATIONAL RATING FORM

CINCINNATI KNEE RATING SYSTEM (F07B)