**Name:** **D.O.B:**

**Side:** Left Right Bilateral

**Evaluation:** Pre-operative 6 weeks 6 months Years Post Op

**How would you describe the pain you usually have in your knee?**

☐ None

☐ Very Mild

☐ Mild

☐ Moderate

☐ Severe

**How long can you walk for before the pain in your knee becomes severe (with or without a walking aid)?**

☐ No pain for 30 minutes or more

☐ 16-30 minutes

☐ 5-15 minutes

☐ Around the house only

☐ Not at all

**After sitting for a meal, how painful is it to stand up because of your knee?**

☐ Not at all painful

☐ Slightly painful

☐ Moderately painful

☐ Very painful

☐ Unbearable

**Have you been troubled by pain from your knee in bed at night?**

☐ No nights

☐ Only 1 or 2 nights

☐ Some nights

☐ Most nights

☐ Every night

**How much has pain from your knee interfered with your usual work, including housework?**

☐ Not at all

☐ A little bit

☐ Moderately

☐ Greatly

☐ Totally

**Could you walk down a flight of stairs?**

☐ Yes, easily

☐ With little difficulty

☐ With moderate difficulty

☐ With extreme difficulty

☐ No, impossible

**Have you been limping when walking because of your knee?**

☐ Rarely/never

☐ Sometimes or just at first

☐ Often, not just at first

☐ Most of the time

☐ All of the time

**Have you felt that your knee might suddenly ‘give-way’ or let you down?**

☐ Rarely/never

☐ Sometimes or just at first

☐ Often, not just at first

☐ Most of the time

☐ All of the time

**Could you kneel down and get up again afterwards?**

☐ Yes, easily

☐ With little difficulty

☐ With moderate difficulty

☐ With extreme difficulty

☐ No, impossible

**Have you had any trouble with washing and drying yourself, all over, because of your knee?**

☐ No trouble at all

☐ Very little trouble

☐ Moderate trouble

☐ Extreme difficulty

☐ Impossible to do

**Have you had any trouble getting in and out of a car or using public transport, because of your knee?**

☐ No trouble at all

☐ Very little trouble

☐ Moderate trouble

☐ Extreme difficulty

☐ Impossible to do

**Could you do the household shopping on your own?**

☐ Yes, easily

☐ With little difficulty

☐ With moderate difficulty

☐ With extreme difficulty

☐ No, impossible