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

**Side:** Left Right Bilateral

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

**Please tick the appropriate box:**

**Severity, on average, during the past month, of:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **None** | **Mild** | **Moderate** | **Severe** | **Extreme** |
| **Pain- Walking** | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Pain- Stair Climbing** | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Pain- Nocturnal** | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Pain- Rest** | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Pain- Weight bearing** | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Morning Stiffness** | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Stiffness occurring during the day** | ☐ | ☐ | ☐ | ☐ | ☐ |

**Level of difficulty performing the following functions:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **None** | **Mild** | **Moderate** | **Severe** | **Extreme** |
| **Descending Stairs**  | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Ascending Stairs** | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Rising from sitting** | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Standing** | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Bending to the floor** | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Walking on flat** | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Getting in/out of a car**  | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Going shopping** | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Putting on socks**  | ☐ | ☐ | ☐ | ☐ | ☐ |

**Level of difficulty performing the following functions:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **None** | **Mild** | **Moderate** | **Severe** | **Extreme** |
| **Rising from bed** | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Taking off socks** | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Lying in bed** | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Getting in/out of bath** | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Sitting** | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Getting on/off toilet** | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Heavy domestic duties** | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Light domestic duties** | ☐ | ☐ | ☐ | ☐ | ☐ |