

Please complete this form beforehand and bring it to the total joint replacement class you will attend before your surgery.

INSTRUCTIONS: This survey asks for your view about your knee. This information will help us keep track of how you feel about your knee and how well you are able to do your usual activities.

Answer every question by ticking the appropriate box, ONLY one box for each question. If you are unsure about how to answer a question, please give the best answer you can.

Stiffness

The following question concerns the amount of joint stiffness you have experienced during the **last week** in your knee. Stiffness is a sensation of restriction or slowness in the ease with which you move your knee joint.

1. How severe is your knee stiffness after first wakening in the morning?

- None

 Mild

 Moderate

 Severe

 Extreme

Pain

What amount of knee pain have you experienced the last week during the following activities?

2. Twisting/pivoting on your knee

- None

 Mild

 Moderate

 Severe

 Extreme

3. Straightening knee fully

- None

 Mild

 Moderate

 Severe

 Extreme

4. Going up or down stairs

- None

 Mild

 Moderate

 Severe

 Extreme

5. Standing upright

- None

 Mild

 Moderate

 Severe

 Extreme

Function, daily living

The following questions concern your physical function. By this, we mean your ability to move around and to look after yourself. For each of the following activities, please indicate the degree of difficulty you have experienced in the **last week** due to your knee.

6. Rising from sitting

- None

 Mild

 Moderate

 Severe

 Extreme

7. Bending to floor/pick up an object

- None

 Mild

 Moderate

 Severe

 Extreme

Name: _____