

FOLLOW-UP Patient Questionnaire - KNEE PATIENT

Name:		DOB:	Date:
Height:	Weight:		Age:

Chief Complaint

Laterality	Left	Right	Both
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What treatment/surgery did you receive? _____ **When?** _____

Current Pain Level (no pain 0 – 10 highest)

While Walking

0	1	2	3	4	5	6	7	8	9	10
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While negotiating stairs

0	1	2	3	4	5	6	7	8	9	10
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At rest (sitting, lying down, sleeping)

0	1	2	3	4	5	6	7	8	9	10
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Where is the pain located in your knee? (Mark all that apply)

Front	Back	Inside	Outside	Other:
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Please describe your symptoms: (Mark all that apply)

Throbbing pain	Radiating pain	Dull pain	Sharp pain
Catching/Locking	Swelling	Stiffness	Instability
Other:			

SATISFACTION SURVEY

The next set of questions asks about your satisfaction with your KNEE surgery/treatment.

1) How satisfied are you with the results of your KNEE treatment in the following areas? (Please select one answer for each question). If you had both KNEES treated, answer how you are overall.

Very Satisfied Somewhat Satisfied Neither Satisfied Nor Dissatisfied Somewhat Dissatisfied Very dissatisfied

a. For relieving pain					
b. For improving your ability to do housework or yard work?					
c. For improving your ability to do recreational activities?					
d. Overall, how satisfied are you with the results of your KNEE surgery?					

2) How much did your KNEE surgery improve the quality of your life?

More improvement than I ever dreamed possible	Great Improvement	Moderate Improvement	A Little Improvement	No Improvement	The quality of my life is worse

Functional Assessment

What distance are you able to walk?

Unlimited	10-20 blocks	5-10 blocks	< 5 block	House bound	Unable
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How do you climb **UP** stairs?

Normally	With handrail for balance	With handrail to pull myself up	Unable
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How do you climb **DOWN** stairs?

Normally	With handrail for balance	With handrail to support myself	Unable
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What type of support do you use for walking?

None	Cane(s)	Crutch(es)	Walker
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How do you get out of a chair?

Normally	Arm rest for balance	Arm rest to push myself	Unable
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Are you able to use public transportation?

Yes	No
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Do you find this situation to be:

Acceptable	Unacceptable
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KOOS, JR. Knee Survey

Instructions: This survey asks for you 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.

Which Knee:

Left	Right	Both
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Stiffness: Amount of joint stiffness you have experienced 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
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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
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3. Straightening knee fully:

None	Mild	Moderate	Severe	Extreme
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4. Going up or down stairs:

None	Mild	Moderate	Severe	Extreme
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5. Standing upright:

None	Mild	Moderate	Severe	Extreme
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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 experience in the last week due to your knee.

6. Rising from sitting:

None	Mild	Moderate	Severe	Extreme
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7. Bending to floor/pick up an object:

None	Mild	Moderate	Severe	Extreme
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ACTIVITY SURVEY (LEAS)

Please read through each description given below, pick only **ONE** description that best describes your regular daily activities and put a check in that box.

CHECK ONLY <u>ONE</u> (1) BOX ON THIS PAGE

- ☐ a. I am confined to bed all day.
- ☐ b. I am confined to bed most of the day except for minimal transfer activities (going to the bathroom, etc)
- ☐ c. I am either in bed or sitting in a chair most of the day.
- ☐ d. I sit most of the day, except for minimal transfer activities, no walking or standing.
- ☐ e. I sit most of the day, but I stand occasionally and walk a minimal amount in my house.
(I may rarely leave the house for an appointment and may require the use of a wheelchair or scooter for transportation.)
- ☐ f. I walk around my house to a moderate degree but I don't leave the house on a regular basis. I may leave the house occasionally for an appointment.
- ☐ g. I walk around my house and go outside at will, walking one or two blocks at a time.
- ☐ h. I walk around my house, go outside at will and walk several blocks at a time without any assistance (weather permitting).
- ☐ i. I am up and about at will in my house and can go out and walk as much as I would like with no restrictions (weather permitting).
- j. I am up and about at will in my house and outside. I also work outside the house in a:
- ☐ minimally
 - ☐ moderately
 - ☐ extremely active job
- k. I am up and about at will in my house and outside. I also participate in relaxed physical activity such as jogging, dancing, cycling, swimming:
- ☐ occasionally (2-3 times per month)
 - ☐ 2-3 times per week
 - ☐ daily
- l. I am up and about at will in my house and outside. I also participate in vigorous physical activity such as competitive level sports
- ☐ occasionally (2-3 times per month)
 - ☐ 2-3 times per week
 - ☐ daily