

Name:
NHS No:
Hospital No:
DOB:
Gender:

Patient Outcome Scores (pre-op)

Subjective Knee Evaluation

Symptoms:

Grade symptoms at the highest activity level at which you think you could function without significant symptoms, even if you are not actually performing activities at this level.

1. What is the highest level of activity that you can perform without significant knee pain?

- Very strenuous activities like jumping or pivoting as in basketball or soccer
- Strenuous activities like heavy physical work, skiing or tennis
- Moderate activities like moderate physical work, running or jogging
- Light activities like walking, housework or yard work
- Unable to perform any of the above activities due to knee pain

2. During the past four weeks, or since your injury, how often had you had pain?

Never 0 1 2 3 4 5 6 7 8 9 10 Constant

3. If you have pain, how severe is it?

No pain 0 1 2 3 4 5 6 7 8 9 10 Worst pain

4. During the past four weeks, or since your injury, how stiff or swollen was your knee?

- Not at all
- Mildly
- Moderately
- Very
- Extremely

Patient Outcome Scores (pre-op)

5. What is the highest level of activity you can perform without significant swelling in your knee?
- Very strenuous activities like jumping or pivoting as in basketball or soccer
 - Strenuous activities like heavy physical work, skiing or tennis
 - Moderate activities like moderate physical work, running or jogging
 - Light activities like walking, housework or yard work
 - Unable to perform any of the above activities due to knee swelling
6. During the past four weeks, or since your injury, did your knee lock or catch?
- No Yes
7. What is the highest level of activity you can perform without significant giving way in your knee?
- Very strenuous activities like jumping or pivoting as in basketball or soccer
 - Strenuous activities like heavy physical work, skiing or tennis
 - Moderate activities like moderate physical work, running or jogging
 - Light activities like walking, housework or yard work
 - Unable to perform any of the above activities due to knee giving way

Sports activities:

8. What is the highest level of activity you can participate in on a regular basis?
- Very strenuous activities like jumping or pivoting as in basketball or soccer
 - Strenuous activities like heavy physical work, skiing or tennis
 - Moderate activities like moderate physical work, running or jogging
 - Light activities like walking, housework or yard work
 - Unable to perform any of the above activities due to knee

Patient Outcome Scores (pre-op)

9. How does your knee affect your ability to:

		Not difficult at all	Minimally difficult	Moderately difficult	Extremely difficult	Unable to do
A	Go up stairs					
B	Go down stairs					
C	Kneel on the front of your knee					
D	Squat					
E	Sit with your knee bent					
F	Rise from a chair					
G	Run straight ahead					
H	Jump and land on your involved leg					
I	Stop and start quickly					

Function:

10. How would you rate the function of your knee on a scale of 0 – 10 with 10 being normal, excellent function and 0 being the inability to perform any of your usual daily activities which may include sports.

Function prior to your knee injury

Cannot perform daily activities 0 1 2 3 4 5 6 7 8 9 10 No limitation in daily activities

Current function of your knee

Cannot perform daily activities 0 1 2 3 4 5 6 7 8 9 10 No limitation in daily activities

This is the end of the Subjective Knee Evaluation

Patient Outcome Scores (pre-op)

Tegner Activity

Please select your level of activity by putting a X in the appropriate column – Before your injury

	Competitive Sports – Soccer, national and international elite
	Competitive Sports – Soccer (lower division), Ice Hockey, Wrestling, Gymnastics
	Competitive Sports – Bandy, Squash or Badminton, Athletics (jumping etc.), Downhill Skiing
	Competitive Sports – Tennis, Athletics, Motorcross, Speedway, Handball, Basketball, Recreational Sports - Soccer, Bandy and Ice Hockey, Squash, Athletics, Cross Country Track (Recreational and Competitive)
	Recreational Sports – Tennis and Badminton, Handball, Basketball, Downhill Skiing, jogging at least five times per week
	Work – Heavy Labour (eg. Building, forestry), Competitive Sports – Skiing, Recreational Sports - jogging on uneven ground at least twice weekly
	Work – Moderately Heavy Labour (eg. Truck driving, heavy domestic work), Recreational Sports – Cycling, Cross Country, Skiing, Jogging twice weekly
	Work – Light Labour (eg. Nursing), Competitive and Recreational Sports – Swimming, walking in forest possible
	Work – Light Labour, walking on uneven ground possible but walking in forest not possible
	Work – Secretary work, walking on even ground possible
	Sick leave or disability pension because of knee problems

Please select your current level of activity by putting an X in the appropriate column

	Competitive Sports – Soccer, national and international elite
	Competitive Sports – Soccer (lower division), Ice Hockey, Wrestling, Gymnastics
	Competitive Sports – Bandy, Squash or Badminton, Athletics (jumping etc.), Downhill Skiing
	Competitive Sports – Tennis, Athletics, Motorcross, Speedway, Handball, Basketball, Recreational Sports - Soccer, Bandy and Ice Hockey, Squash, Athletics, Cross Country Track (Recreational and Competitive)
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	Work – Heavy Labour (eg. Building, forestry), Competitive Sports – Skiing, Recreational Sports - jogging on uneven ground at least twice weekly
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	Work – Light Labour (eg. Nursing), Competitive and Recreational Sports – Swimming, walking in forest possible
	Work – Light Labour, walking on uneven ground possible but walking in forest not possible
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	Sick leave or disability pension because of knee problems

This is the end of the Tegner Activity Assessment

Patient Outcome Scores (pre-op)

KOOS Activity

Symptoms:

These questions should be answered thinking of your knee symptoms during the last week.

Do you have swelling in your knee?

Never Rarely Sometimes Often Always

Do you feel grinding, clicking or noise when your knee moves?

Never Rarely Sometimes Often Always

Does your knee catch or hang up when moving?

Never Rarely Sometimes Often Always

Can you straighten your knee fully?

Always Often Sometimes Rarely Never

Can you bend your knee fully?

Always Often Sometimes Rarely Never

Stiffness:

The following questions concern 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.

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

None Mild Moderate Severe Extreme

How severe is your knee stiffness after sitting, lying or resting later in the day?

None Mild Moderate Severe Extreme

Pain:

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

How often do you experience knee pain?

Never Monthly Weekly Daily Always

Patient Outcome Scores (pre-op)

Twisting \ Pivoting on your knee

None Mild Moderate Severe Extreme

Straightening your knee fully

None Mild Moderate Severe Extreme

Bending your knee fully

None Mild Moderate Severe Extreme

Walking on flat surfaces

None Mild Moderate Severe Extreme

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

Going up and down stairs

None Mild Moderate Severe Extreme

At night while in bed

None Mild Moderate Severe Extreme

Sitting or Lying

None Mild Moderate Severe Extreme

Standing upright

None Mild Moderate Severe Extreme

Patient Outcome Scores (pre-op)

Function, daily living:

For each of the following activities please indicate the degree of difficulty you have experienced in the last week due to your knee.

Descending stairs

None Mild Moderate Severe Extreme

Ascending stairs

None Mild Moderate Severe Extreme

Rising from sitting

None Mild Moderate Severe Extreme

Standing

None Mild Moderate Severe Extreme

Bending to floor \ Pick up an object

None Mild Moderate Severe Extreme

For each of the following activities please indicate the degree of difficulty you have experienced in the last week due to your knee.

Walking on a flat surface

None Mild Moderate Severe Extreme

Getting in/out of a car

None Mild Moderate Severe Extreme

Going shopping

None Mild Moderate Severe Extreme

Putting on socks/stockings

None Mild Moderate Severe Extreme

Patient Outcome Scores (pre-op)

Rising from bed

None Mild Moderate Severe Extreme

Taking off socks/stockings

None Mild Moderate Severe Extreme

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.

Lying in bed (turning over, maintaining knee position)

None Mild Moderate Severe Extreme

Getting in/out of bath

None Mild Moderate Severe Extreme

Sitting

None Mild Moderate Severe Extreme

Getting on/off toilet

None Mild Moderate Severe Extreme

Heavy domestic duties (moving boxes, scrubbing floors, etc)

None Mild Moderate Severe Extreme

Performing light domestic duties (cooking, dusting, etc)

None Mild Moderate Severe Extreme

Function, sports and recreational activities:

The following questions concern your physical function when being active on a higher level. The questions should be answered thinking of what degree of difficulty you have experienced during the last week due to your knee.

Squatting

None Mild Moderate Severe Extreme

Patient Outcome Scores (pre-op)

Running

None Mild Moderate Severe Extreme

Jumping

None Mild Moderate Severe Extreme

Twisting/Pivoting on injured knee

None Mild Moderate Severe Extreme

Kneeling

None Mild Moderate Severe Extreme

Quality of Life:

How often are you aware of your knee problem?

Never Monthly Weekly Daily Always

How much have you had to modify your life style to avoid potential damaging activities?

Not at all Mildly Moderately Severely Extremely

How much have you been troubled by lack of confidence in your knee?

Not at all Mildly Moderately Severely Extremely

In general, how much difficulty do you have with your knee?

None Mild Moderate Severe Extreme

This is the end of the KOOS Assessment

Patient Outcome Scores (pre-op)

EQ-5D

Under each heading, please tick the one statement that best describes you **TODAY**

Mobility

- I have no problems in walking about
- I have slight problems in walking about
- I have moderate problems in walking about
- I have severe problems in walking about
- I am unable to walk about

Self Care

- I have no problems washing or dressing myself
- I have slight problems washing or dressing myself
- I have moderate problems washing or dressing myself
- I have severe problems washing or dressing myself
- I am unable to wash and dress myself

Usual Activities

- I have no problem doing my usual activities
- I have slight problems doing my usual activities
- I have moderate problems doing my usual activities
- I have severe problems doing my usual activities
- I am unable to do my usual activities

Pain/Discomfort

- I have no pain or discomfort
- I have slight pain or discomfort
- I have moderate pain or discomfort
- I have severe pain or discomfort
- I have extreme pain or discomfort

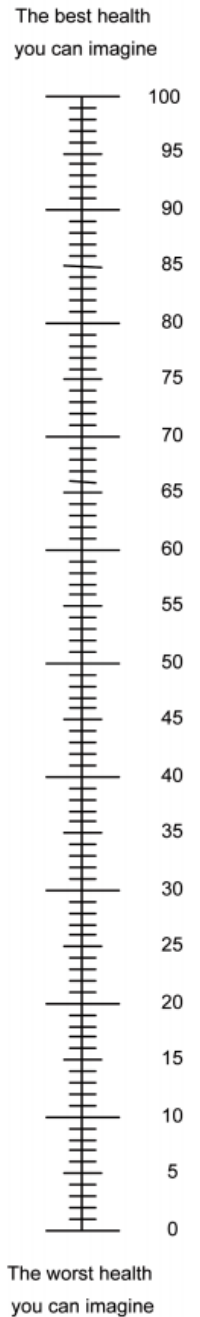
Patient Outcome Scores (pre-op)

Anxiety/Depression

- I am not anxious or depressed
- I am slightly anxious or depressed
- I am moderately anxious or depressed
- I am severely anxious or depressed
- I am extremely anxious or depressed

We would also like to know how good or bad your health is **TODAY**.

- The scale on to the right is numbered 0 to 100
- 100 means the best health you can imagine. 0 means the worst health you can imagine.
- Mark an **X** to indicate how your health is today
- Now, please write the number you marked on the scale in the box below.



This is the end of the EQ-5D Assessment