ONCE COMPLETED PLEASE RETURN FORM VIA FAX 9906 5046, EMAIL lsalmon@nsosmc.com.au
OR POST TO NSOSMC, SUITE 2 THE MATER CLINIC, 3 GILLIES ST WOLLSTONECRAFT NSW 2065

PRE OPERATIVE KNEE QUESTIONNAIRE – MATER ORTHOPAEDIC OUTCOME REGISTRY

Name:
Date of Birth:
Today's Date:
Operation Date: **Treating Surgeon:**

MATER HOSPITAL
A FACILITY OF ST VINCENT'S HEALTH AUSTRALIA

North Sydney Orthopaedic Research Group

LEFT KNEE ☐ RIGHT KNEE ☐ BOTH KNEES ☐ Current Height (cm) _____ Weight (kg) _____

Have you taken any pain relief medication in the past week? ☐ Yes ☐ No

Have you taken any NARCOTIC pain relief medication in the past week? (Narcotic medications include endone, oxycontin, palexia, tramadol, panadeine forte, targin) ☐ Yes ☐ No

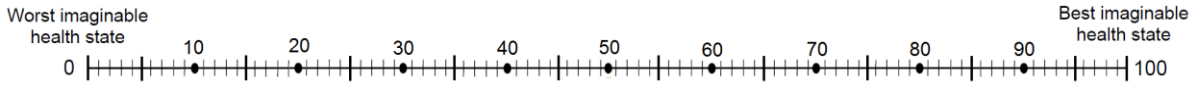
What is the name and dosage in mg of your pain relief medication (s) _____

How many tablets of this medication do you take each day (on average) _____

EQ-5D. By placing a tick, please indicate which statements best describe your own health state today

Problems with Mobility – walking about	☐no	☐some	☐moderate	☐severe	☐ I am unable
Problems with Self -Care - washing or dressing	☐no	☐some	☐moderate	☐severe	☐ I am unable
Problems with Usual Activities (e.g. work, study, housework, family or leisure activities)	☐no	☐some	☐moderate	☐severe	☐ I am unable
Pain/Discomfort	☐ none	☐ slight	☐ moderate	☐severe	☐extreme
Anxiety/Depression	☐ none	☐ slight	☐ moderate	☐severe	☐extreme

On the scale below, please indicate how good or bad your own health is today, in your opinion



KOOS JR KNEE SCORE Please TICK the most appropriate response to your condition **during the LAST WEEK...**

How severe is your knee joint **stiffness** after first waking in the morning?	☐ none	☐ mild	☐ moderate	☐ severe	☐ extreme
What amount of **knee pain** have you experienced the last week during the following activities?					
Twisting/Pivoting on your knee	☐ none	☐ mild	☐ moderate	☐ severe	☐ extreme
Straightening knee fully	☐ none	☐ mild	☐ moderate	☐ severe	☐ extreme
Going up or down stairs	☐ none	☐ mild	☐ moderate	☐ severe	☐ extreme
Standing upright	☐ none	☐ mild	☐ moderate	☐ severe	☐ extreme
Function. For each of the following please indicate the **degree of difficulty** you have had in the last week due to your knee					
Rising from sitting	☐ none	☐ mild	☐ moderate	☐ severe	☐ extreme
Bending to floor/picking up object	☐ none	☐ mild	☐ moderate	☐ severe	☐ extreme

On a scale of 0-10, please indicate your average pain over the last 7 days in the **knee** which will be operated on?

0 1 2 3 4 5 6 7 8 9 10

No pain at all — Worst pain imaginable

On a scale of 0-10, please indicate your average pain in your **lower back** over the last 7 days?

0 1 2 3 4 5 6 7 8 9 10

No pain at all — Worst pain imaginable

On a scale of 0 to 10, please indicate your average pain in your **feet** over the last 7 days?

0 1 2 3 4 5 6 7 8 9 10

No pain at all — Worst pain imaginable

On a scale of 0 to 10, please indicate what you expect your average **knee** pain to be in **6 months' time**

0 1 2 3 4 5 6 7 8 9 10

No pain at all — Worst pain imaginable

On a scale of 0 to 100, please indicate what you expect you **general health** to be in **6 months' time**

10 20 30 40 50 60 70 80 90 100

Worst health you can imagine — Best health you can imagine

Please tick one box which best describes your expected **mobility** in **6 months' time.**

☐No problems ☐ slight problems ☐ moderate problems ☐ severe problems ☐ unable to walk

PITTSBURGH SLEEP QUALITY INDEX During the past month…..

How many hours of actual sleep do you get at night? (This may be different than the number of hrs you spend in bed)	☐ >7 hours	☐ 6-7 hours	☐ 5-6 hours	☐ <5 hours
During the past month, how would you rate your sleep quality overall?	☐ Very Good	☐Fairly Good	☐ Fairly Bad	☐ Very Bad

OXFORD KNEE SCORE During the past four weeks……

1) How would you describe the pain you usually have from your knee?

☐None ☐ Very mild ☐ Mild ☐ Moderate ☐Severe

2) 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

3) Have you had any trouble getting in and out of a car or using public transport because of your knee? (With or without a stick)

☐ No trouble at all ☐ Very little trouble ☐ Moderate trouble ☐ Extreme difficulty ☐ Impossible to do

4) For how long are you able to walk before the pain in your knee becomes severe? (With or without a stick)

☐ No pain/>30 min ☐ 16 to 30 min ☐ 5 to 15 min ☐ Around the house ☐ Not at all – severe on walking

5) After a meal (sat at a table), how painful has it been for you to stand up from a chair because of your knee

☐ Not at all painful ☐ Slightly painful ☐ Moderately painful ☐ Very painful ☐ Unbearable

6) 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

7) Could you kneel down and get up again afterwards

☐ Yes, easily ☐ With little difficulty ☐ With moderate difficulty ☐ With extreme difficulty ☐ No, impossible

8) Are you troubled by pain in your knee at night in bed?

☐ No nights ☐ Only 1 or 2 nights ☐ Some nights ☐ Most nights ☐ Every night

9) How much has pain from your knee interfered with your usual work? (including housework)

☐ Not at all ☐ A little bit ☐ Moderately ☐ Greatly ☐ Totally

10) Have you felt that your knee might suddenly "give away" or let you down?

☐ Rarely/never ☐ Sometimes ☐ Often ☐ Most of time ☐ All of time

11) Could you do household shopping on your own?

☐ Yes, easily ☐ With little difficulty ☐ With moderate difficulty ☐ With extreme difficulty ☐ No, impossible

12) Could you walk down a flight of stairs?

☐ Yes, easily ☐ With little difficulty ☐ With moderate difficulty ☐ With extreme difficulty ☐ No, impossible

13. Do you have any problems with your other knee? ☐ Yes ☐ No

14. Do you have any problems walking for other reasons (eg pain from other joints, back pain, chest pain, or other medical conditions)? ☐ Yes ☐ No