

DATE: PATIENT DETAILS: (apply sticky label)

PROBLEMS BECAUSE OF YOUR KNEE

√ tick one box for every question During the past 4 weeks.....

During the past 4 weeks.....

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

None Very mild Mild Moderate Severe

During the past 4 weeks.....

Have you had any trouble with washing and drying yourself (all over) because of your knee?

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

During the past 4 weeks.....

Have you had any trouble getting in and out of a car or using public transport because of your knee?
(which ever you would tend to use)

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

During the past 4 weeks.....

For how long have you been able to walk before pain from your knee becomes severe? (with or without a stick)

No pain/ Not at all More than 30 16 to 30 5 to 15 Around the -pain severe
minutes minutes minutes house only when walking

During the past 4 weeks..... 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 Slightly Moderately Very painful painful
painful painful Unbearable During the past 4 weeks..... Have you been
limping when walking because of your knee?

Rarely/ Sometimes, or Often, not Most of All of never
just at first just at first the time the time

P.T.O.

During the past 4 weeks..... √ tick one box for every question

During the past 4 weeks.....

Could you kneel down and get up afterwards?

Yes, With little With moderate With extreme No, Easily
difficulty difficulty difficulty Impossible During the past 4 weeks..... Have
you been troubled by pain from your knee in bed at night?

No Only 1 or 2 Some Most Every nights
nights nights nights night During the past 4 weeks..... How much has
pain from your knee interfered with your usual work? (including housework)

Not at all A little bit Moderately Greatly Totally During the
past 4 weeks..... Have you felt that your knee might suddenly "give way" or let you down?

Rarely/ Sometimes, or Often, not Most of All of never just at first
just at first the time the time During the past 4 weeks..... Could you do
the household shopping on your own?

Yes, With little With moderate With extreme No, Easily
difficulty difficulty difficulty Impossible During the past 4 weeks..... Could
you walk down one flight of stairs?

Yes, With little With moderate With extreme No, Easily
difficulty difficulty difficulty Impossible Please now hand this in to the doctor

who is to see you For administration only Dated Patients Details Added Score = /48 (48 = best
function) Reported -10/+10 VAS improvement at 6/12