

PROBLEMS WITH YOUR KNEE

During the past 4 weeks..

✓ tick one box
for every question

1	<p><i>During the past 4 weeks.....</i></p> <p>How would you describe the pain you <u>usually</u> have from your knee?</p> <p>None Very mild Mild Moderate Severe</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
2	<p><i>During the past 4 weeks.....</i></p> <p>Have you had any trouble with washing and drying yourself (all over) <u>because of your knee?</u></p> <p>No trouble at all Very little trouble Moderate trouble Extreme difficulty Impossible to do</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
3	<p><i>During the past 4 weeks.....</i></p> <p>Have you had any trouble getting in and out of a car or using public transport <u>because of your knee?</u> (whichever you would tend to use)</p> <p>No trouble at all Very little trouble Moderate trouble Extreme difficulty Impossible to do</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
4	<p><i>During the past 4 weeks.....</i></p> <p>For how long have you been able to walk before <u>pain from your knee</u> becomes severe? (<i>with or without a stick</i>)</p> <p>No pain/ More than 30 minutes 16 to 30 minutes 5 to 15 minutes Around the house <u>only</u> Not at all - pain severe when walking</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
5	<p><i>During the past 4 weeks.....</i></p> <p>After a meal (sat at a table), how painful has it been for you to stand up from a chair <u>because of your knee?</u></p> <p>Not at all painful Slightly painful Moderately painful Very painful Unbearable</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
6	<p><i>During the past 4 weeks.....</i></p> <p>Have you been limping when walking, <u>because of your knee?</u></p> <p>Rarely/ never Sometimes, or just at first Often, not just at first Most of the time All of the time</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>

During the past 4 weeks...

✓ tick one box
for every question

7

During the past 4 weeks.....

Could you kneel down and get up again afterwards?

Yes,
Easily

With little
difficulty

With moderate
difficulty

With extreme
difficulty

No,
Impossible

8

During the past 4 weeks.....

Have you been troubled by pain from your knee in bed at night?

No
nights

Only 1 or 2
nights

Some
nights

Most
nights

Every
night

9

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

10

During the past 4 weeks.....

Have you felt that your knee might suddenly 'give way' or let you
down?

Rarely/
never

Sometimes, or
just at first

Often, not
just at first

Most of
the time

All of
the time

11

During the past 4 weeks.....

Could you do the household shopping on your own?

Yes,
Easily

With little
difficulty

With moderate
difficulty

With extreme
difficulty

No,
Impossible

12

During the past 4 weeks.....

Could you walk down one flight of stairs?

Yes,
Easily

With little
difficulty

With moderate
difficulty

With extreme
difficulty

No,
Impossible