

DATE:

PATIENT DETAILS:

(apply sticky label)

PROBLEMS BECAUSE OF YOUR KNEE

During the past 4 weeks.....

✓ tick one box for every question

During the past 4 weeks.....				
How would you describe the pain you <u>usually</u> 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) <u>because of your knee</u> ?				
No trouble at all	Very little trouble	Moderate trouble	Extreme difficulty	Impossible to do
During the past 4 weeks.....				
Have you had any trouble getting in and out of a car or using public transport <u>because of your knee</u> ? (which ever you would tend to use)				
No trouble at all	Very little trouble	Moderate trouble	Extreme difficulty	Impossible to do
During the past 4 weeks.....				
For how long have you been able to walk before <u>pain from your knee</u> becomes severe? (with or without a stick)				
No pain/ More than 30 minutes	16 to 30 minutes	5 to 15 minutes	Around the house only	Not at all -pain severe 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 <u>because of your knee</u> ?				
Not at all painful	Slightly painful	Moderately painful	Very painful	Unbearable
During the past 4 weeks.....				
Have you been limping when walking <u>because of your knee</u> ?				
Rarely/ never	Sometimes, or just at first	Often, not just at first	Most of the time	All of 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, Easily	With little difficulty	With moderate difficulty	With extreme difficulty	No, Impossible
During the past 4 weeks.....				
Have you been troubled by <u>pain from your knee</u> in bed at night?				
No nights	Only 1 or 2 nights	Some nights	Most nights	Every night
During the past 4 weeks.....				
How much has <u>pain from your knee</u> 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/ never	Sometimes, or just at first	Often, not just at first	Most of the time	All of the time
During the past 4 weeks.....				
Could you do the household shopping <u>on your own</u>?				
Yes, Easily	With little difficulty	With moderate difficulty	With extreme difficulty	No, Impossible
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

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 =

Please return to John Hardy, BUPA Hospital, 3 Redland Hill, Bristol, BS6 6UT.