

Dear Patient

We would like to evaluate the quality of our treatments and we require your assistance to do so. We therefore ask you to complete this questionnaire **before your operation.**

Patient label / Patient ID

Surgery Date (D/M/Y: 30 08 19)

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filled in on: (D/M/Y: 30 08 19)

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Under each heading, please tick the **one** box that best describes your health **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 or dress myself

### Usual activities

(e.g. work, study, housework, family or leisure activities)

- I have no problems 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

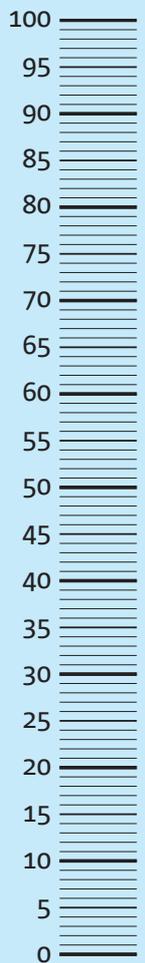
### Anxiety / Depression

- 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

### General health

- We would like to know how good or bad your health is **today**.
- This scale is numbered from 0 to 100.
- 100 means the **best** health you can imagine. 0 means the **worst** health you can imagine.
- Please put a cross on the scale to indicate how your health is **today**.
- Now, please write the number you marked on the scale in the box below.

The best health you can  
imagine (= 100)



Your health  
today =

The worst health you can  
imagine (= 0)



Please indicate the joint that is currently being treated **on both sides**:

Hip left  Hip right   
Knee left  Knee right

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### Joint-specific pain

We would like you to indicate the severity of your pain in the above-mentioned joint, by marking a cross on the line from 0 to 10 (where 0= no pain, 10= the worst pain you can imagine).  
How severe was your pain **in the last week**?

	left																		left		
no pain = 0	0	1	2	3	4	5	6	7	8	9	10										worst pain that I can imagine = 10
	right																				right

### Joint-specific satisfaction

In connection with the above-mentioned joint problem: if you had to spend the **rest of your life** with the symptoms you have right now, how would you feel about it?

very satisfied	<input type="checkbox"/>	<input type="checkbox"/>
somewhat satisfied	<input type="checkbox"/>	<input type="checkbox"/>
neither satisfied nor dissatisfied	<input type="checkbox"/>	<input type="checkbox"/>
somewhat dissatisfied	<input type="checkbox"/>	<input type="checkbox"/>
very dissatisfied	<input type="checkbox"/>	<input type="checkbox"/>
	left	right

### Level of education

- up to 9 years of education (compulsory education)
- 10 to 13 years of education (vocational education, secondary school, high school)
- more than 13 years of education (university, polytechnic, college of higher education, university of applied science)

This form is based on the EQ-5D-5L<sup>1)</sup>, with two additional validated questions (specific to orthopedics and the relevant operation) and a validated question regarding level of education<sup>2)</sup>.

<sup>1)</sup> The EQ-5D is a generic measuring tool that uses a standardized, preference-based procedure to describe and investigate health-related quality of life. The survey includes five questions, plus a question about the general state of health independent of medical interventions. The measuring tool is validated and is used internationally.  
<sup>2)</sup> International Standard Classification of Education (ISCED) 2011. Operational Manual. Guidelines for classifying national education programs and related qualifications.

This survey is carried out on behalf of the Canton of Zurich Department of Health.  
Responsible for content and implementation:

**Canton of Zurich Department of Health**  
Healthcare Provision and Provision Planning Office

**siris**  
Foundation for Quality Assurance in Medical Implants

**swiss orthopaedics**  
Swiss Society of Orthopaedics and Traumatology

**SwissRDL, Medical Registries and Data Linkage,**  
ISPM, Institute of Social and Preventive Medicine, University of Bern



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