

# Implant registry SIRIS Hip, Knee and Shoulder

## Patient questionnaire

### Dear patients

We would like to ask you to evaluate your state of health in this questionnaire. Your information on your condition before and after the operation will help us to continuously improve the quality of our treatment. Participation is voluntary. You do not have to justify your decision to participate and you can cancel your participation at any time.

If you provide your contact details, you authorise us to save them and send you a second questionnaire after the operation.

How may we contact you?

email

SMS

letter ☐

### To be completed by the clinic

Patient label / Patient ID

Treatment in the following joint

In the case of simultaneous surgery on both sides (bilateral surgery), please complete two forms.

☐ Hip

☐ Knee

☐ Shoulder

left

right

Questioning before or after the operation

☐ before ☐ after

filled out on (DD/MM/YYYY)

Surgery date (DD/MM/YYYY)

Surgery date is not yet known

☐

For questions 1 – 5, please tick the box that best describes your health **today**.

### 1. 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

☐

### 2. 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

☐

### 3. 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

☐

### 4. 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

☐

### 5. 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

☐

## 6. General Health

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

Your health **TODAY** (0 – 100) =

## 7. Joint specific pain

Please tick the number that corresponds to the intensity of the pain in the joint mentioned on page 1.

How severe was your **joint-specific pain last week**?

no pain

worst pain  
I can imagine

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

## 8. Joint specific satisfaction

How would you feel if you had to live the **rest of your life** with the current symptoms in the joint mentioned on page 1?

very  
satisfied

somewhat  
satisfied

neither satisfied  
nor dissatisfied

somewhat  
dissatisfied

very  
dissatisfied

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

## 9. Your level of education

(to be answered only once, in the patient survey **before the operation**)

up to 9 years of  
education (compulsory  
education)

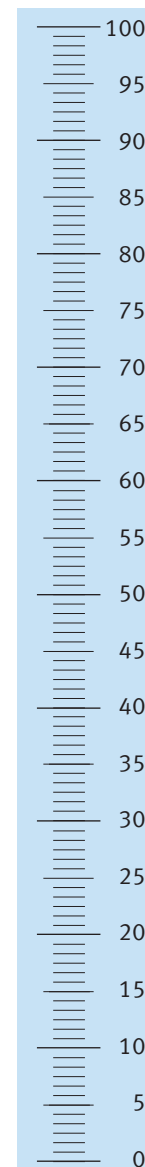
10 to 13 years of  
education (vocational  
education, secondary  
school, high school)

more than 13 years of  
education (university, polytechnic,  
college of higher education,  
federal institute of technology)

not  
specified

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------	-----------------------

The best  
health you  
can imagine  
(=100)



The worst  
health you  
can imagine  
(=0)