

Implant registry SIRIS Hip, Knee and Shoulder

Patient questionnaire – Knee

Oxford Knee Score (OKS)

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

Questioning before or after the operation before after

filled out on (DD/MM/YYYY)

Surgery date (DD/MM/YYYY)

Surgery date not yet known

Problems with your knee Tick one box for every question (x).

1. During the past 4 weeks ...

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

None Very mild Mild Moderate Severe

2. During the past 4 weeks ...

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

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

3. 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? (whichever you tend to use)

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

4. 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 / More than 30 minutes 16 to 30 minutes 5 to 15 minutes Around the house only Not at all/pain severe when walking

5. 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 painful	Slightly painful	Moderately painful	Very painful	Unbearable
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. During the past 4 weeks . . .

Have you been limping when walking, because of your knee?

Rarely / never	Sometimes, or just at first	Often, not just at first	Most of the time	All the time
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

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

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 the time
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

**Finally, please make sure that you have answered all the questions.
Thank you very much.**