Administrative Use Only:

Time ☐ Read ☐ Conf ☐
Unab ☐ Other ☐ ____________

Mode of Collection	Who filled out this form?
Self-Administered .. 1 ☐	Patient with no help ☐
Personal Interview .... 2 ☐	Patient with help from family or friends ...... ☐
Telephone Interview .... 3 ☐	Patient with help from health care provider ☐
Mail .... 4 ☐	Family/friends filled it out .... ☐
Other .... 5 ☐	Health care provider filled it out .... ☐
	Other .... ☐

101.1 104.50

Patient ID |__|__|__|__|__|__|__|__|__|

Physician ID |__|__|__|__|__|__|

Clinic/Site ID |__|__|__|__|__|__|__|__|

0.0.0, 104.52, 104.53

Patient Follow-up Assessment

TOTAL KNEE REPLACEMENT FORM 16.3

TO BE COMPLETED BY PATIENT AFTER SURGERY AT FOLLOW-UP VISIT

Original by Robert F. Meenan, M.D., M.P.H. and Lewis E. Kazis, Sc.D.
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WOMAC Osteoarthritis Index Version LK 3.0s

INSTRUCTIONS:

This survey asks for your views about your knee problem. This information will help your doctors keep track of how you feel and how well you are able to do your usual activities.

Today's Date Is: ___/___/___ 104.49

SECTION A
INSTRUCTIONS TO PATIENTS

The following questions concern the amount of pain you are currently experiencing in your knee(s). For each situation please enter the amount of pain recently experienced in your knee(s). (Please mark your answers with an"X") 104.208

1. In general, how much pain do you have in your affected knee(s)? 104.209

None	Slight	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐	☐

QUESTION: How much pain do you have 104.172

	None	Mild	Moderate	Severe	Extreme
2. Walking on a flat surface?	☐	☐	☐	☐	☐
3. Going up or down stairs?	☐	☐	☐	☐	☐
4. At night while in bed?	☐	☐	☐	☐	☐
5. Sitting or lying?	☐	☐	☐	☐	☐
6. Standing upright?	☐	☐	☐	☐	☐

SECTION B
INSTRUCTIONS TO PATIENTS

The following questions concern the amount of joint stiffness (not pain) you are currently experiencing in your knee(s). Stiffness is a sensation of restriction or slowness in the ease with which you move your joints. (Please mark your answers with an"X") 104.210

1. How **severe** is your stiffness **after first wakening** in the morning?

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

2. How **severe** is your stiffness after sitting, lying or resting **later in the day**?

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

SECTION C
INSTRUCTIONS TO PATIENTS

The following questions concern your physical function. By this we mean your ability to move around and look after yourself. For each of the following activities, please indicate the degree of difficulty you are currently experiencing in your knee(s). (Please mark your answers with an"X")

QUESTION: What degree of difficulty do you have with 104.220

	None	Mild	Moderate	Severe	Extreme
1. Descending stairs?	☐	☐	☐	☐	☐
2. Ascending stairs?	☐	☐	☐	☐	☐
3. Rising from sitting?	☐	☐	☐	☐	☐
4. Standing?	☐	☐	☐	☐	☐
5. Bending to floor?	☐	☐	☐	☐	☐
6. Walking on flat surface?	☐	☐	☐	☐	☐
7. Getting in/out of car?	☐	☐	☐	☐	☐
8. Going shopping?	☐	☐	☐	☐	☐
9. Putting on socks/stockings?	☐	☐	☐	☐	☐
10. Rising from bed?	☐	☐	☐	☐	☐
11. Taking off socks/stockings?	☐	☐	☐	☐	☐
12. Lying in bed?	☐	☐	☐	☐	☐
13. Getting in/out of bath?	☐	☐	☐	☐	☐
14. Sitting?	☐	☐	☐	☐	☐
15. Getting on/off toilet?	☐	☐	☐	☐	☐
16. Heavy domestic duties?	☐	☐	☐	☐	☐
17. Light domestic duties?	☐	☐	☐	☐	☐

Answer the following questions by circling the appropriate number. For each question, please circle only the one best answer. When indicated, please answer questions for both your right and left knee. If you are unsure about how to answer a question, please give the best answer you can and make a comment in the right margin.

18. What is your current level of activity? *(circle one number)*

a. BEDRIDDEN or confined to a wheel chair...................... 1
b. SEDENTARY—minimum capacity for walking or other activity 2
c. SEMI-SEDENTARY—bench work, light housekeeping ... 3
d. LIGHT LABOR—heavy housecleaning, yard work, assembly line, light sports (e.g. walking 1.5 miles)..... 4 — 104.221
e. MODERATE MANUAL LABOR—lifts 10 lbs, moderate sports (e.g. walking or bicycling >1.5 miles) 5
f. HEAVY MANUAL LABOR—frequently lifts 10-20 lbs, vigorous sports (e.g. singles tennis or raquetball)....... 6

18a. Are you working? a. Yes b. No. — 104.222

18b. What has your work capacity been in the last three months? *(circle one number)*

a. 100%..1
b. 75%..2
c. 50%..3 — 104.357
d. 25%..4
e. 0%..5

19. What kind of support do you use when walking? *(circle one number)*

None.. 1
One cane.. 2
One crutch.. 3 — 104.212
Walker.. 4
Can't walk.. 5

20. How far can you walk? *(circle one number)*

Unlimited.. 1
More than 10 blocks... 2
5-10 blocks.. 3 — 104.213
Less than 5 blocks... 4
Only indoors... 5
Can't walk.. 6

21. How much do you limp? *(circle one number)*

Not at all 1
Slightly 2
Moderately 3
Severely 4

104.176

22. How successful was your knee replacement in allowing you to return to your normal daily activities? *(circle one number)*

Extremely successful 1
Very successful 2
Moderately successful 3
Slightly successful 4
Not at all successful 5

104.223

23. How successful was your knee replacement in relieving your pain? *(circle one number)*

Extremely successful 1
Very successful 2
Moderately successful 3
Slightly successful 4
Not at all successful 5

104.224

24. Was someone there to help you during your recovery? *(circle one number)*

No 1
Yes, available full time 2
Yes, available most of the time 3
Yes, available a lot of the time 4
Yes, available some of the time 5
Yes, available a little of the time 6

104.190

25. How many months was it before you felt fully recovered from surgery? *(circle one number)*

Less than one month 1
One to three months 2
Four to six months 3
Seven to nine months 4
Ten to twelve months 5
More than twelve months 6
Still recovering 7

101.42

26. How satisfied are you with the results of your knee replacement? *(circle one number)*

	Very Satisfied	Somewhat Satisfied	Neither Satisfied or Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied
RIGHT KNEE	1	2	3	4	5

104.225

	Very Satisfied	Somewhat Satisfied	Neither Satisfied or Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied
LEFT KNEE	1	2	3	4	5