### PROBLEMS BECAUSE OF YOUR KNEE

**During the past 4 weeks……..**

√ tick one box for every question

<table>
<thead>
<tr>
<th>None</th>
<th>Very mild</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>None</th>
<th>Very little trouble</th>
<th>Moderate trouble</th>
<th>Extreme difficulty</th>
<th>Impossible to do</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>No trouble at all</th>
<th>Very little trouble</th>
<th>Moderate trouble</th>
<th>Extreme difficulty</th>
<th>Impossible to do</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>No pain/ More than 30 minutes</th>
<th>16 to 30 minutes</th>
<th>5 to 15 minutes</th>
<th>Around the house only</th>
<th>Not at all - pain severe when walking</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>During the past 4 weeks.…….</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>No trouble at all</th>
<th>Very little trouble</th>
<th>Moderate trouble</th>
<th>Extreme difficulty</th>
<th>Impossible to do</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Have you had any trouble getting in and out of a car or using public transport because of your knee? (which ever you would tend to use)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>No trouble at all</th>
<th>Very little trouble</th>
<th>Moderate trouble</th>
<th>Extreme difficulty</th>
<th>Impossible to do</th>
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</thead>
</table>

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<th>During the past 4 weeks.…….</th>
</tr>
</thead>
</table>

**For how long have you been able to walk before pain from your knee becomes severe? (with or without a stick)**

<table>
<thead>
<tr>
<th>No pain/ More than 30 minutes</th>
<th>16 to 30 minutes</th>
<th>5 to 15 minutes</th>
<th>Around the house only</th>
<th>Not at all - pain severe when walking</th>
</tr>
</thead>
</table>

| After a meal (sat at a table), how painful has it been for you to stand up from a chair because of your knee? |
|----------------------------------------------------------------------------------------------------------------|----------------|

<table>
<thead>
<tr>
<th>Not at all painful</th>
<th>Slightly painful</th>
<th>Moderately painful</th>
<th>Very painful</th>
<th>Unbearable</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>During the past 4 weeks.…….</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Rarely/never</th>
<th>Sometimes, or just at first</th>
<th>Often, not just at first</th>
<th>Most of the time</th>
<th>All of the time</th>
</tr>
</thead>
</table>

**P.T.O.**
During the past 4 weeks,..  

**Could you kneel down and get up afterwards?**

<table>
<thead>
<tr>
<th></th>
<th>Yes, Easily</th>
<th>With little difficulty</th>
<th>With moderate difficulty</th>
<th>With extreme difficulty</th>
<th>No, Impossible</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

During the past 4 weeks,.......

**Have you been troubled by pain from your knee in bed at night?**

<table>
<thead>
<tr>
<th></th>
<th>No nights</th>
<th>Only 1 or 2 nights</th>
<th>Some nights</th>
<th>Most nights</th>
<th>Every night</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

During the past 4 weeks,........

**How much has pain from your knee interfered with your usual work?**

- (including housework)

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>A little bit</th>
<th>Moderately</th>
<th>Greatly</th>
<th>Totally</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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During the past 4 weeks,.......

**Have you felt that your knee might suddenly “give way” or let you down?**

<table>
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<tr>
<th></th>
<th>Rarely/never</th>
<th>Sometimes, or just at first</th>
<th>Often, not just at first</th>
<th>Most of the time</th>
<th>All of the time</th>
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</tbody>
</table>

During the past 4 weeks,.......

**Could you do the household shopping on your own?**

<table>
<thead>
<tr>
<th></th>
<th>Yes, Easily</th>
<th>With little difficulty</th>
<th>With moderate difficulty</th>
<th>With extreme difficulty</th>
<th>No, Impossible</th>
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</tbody>
</table>

During the past 4 weeks,.......

**Could you walk down one flight of stairs?**

<table>
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<tr>
<th></th>
<th>Yes, Easily</th>
<th>With little difficulty</th>
<th>With moderate difficulty</th>
<th>With extreme difficulty</th>
<th>No, Impossible</th>
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</table>

**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, Chelsea Outpatient Centre, 280 Kings Road, London SW3 5AW.