

# PROBLEMS WITH YOUR KNEE

During the past 4 weeks..

✓ tick one box  
for every question

<b>1</b>	<p><i>During the past 4 weeks.....</i></p> <p>How would you describe the pain you <u>usually</u> have from your knee?</p> <p>None                      Very mild                      Mild                      Moderate                      Severe</p> <p><input type="checkbox"/>                      <input type="checkbox"/>                      <input type="checkbox"/>                      <input type="checkbox"/>                      <input type="checkbox"/></p>
<b>2</b>	<p><i>During the past 4 weeks.....</i></p> <p>Have you had any trouble with washing and drying yourself (all over) <u>because of your knee?</u></p> <p>No trouble at all                      Very little trouble                      Moderate trouble                      Extreme difficulty                      Impossible to do</p> <p><input type="checkbox"/>                      <input type="checkbox"/>                      <input type="checkbox"/>                      <input type="checkbox"/>                      <input type="checkbox"/></p>
<b>3</b>	<p><i>During the past 4 weeks.....</i></p> <p>Have you had any trouble getting in and out of a car or using public transport <u>because of your knee?</u> (whichever you would tend to use)</p> <p>No trouble at all                      Very little trouble                      Moderate trouble                      Extreme difficulty                      Impossible to do</p> <p><input type="checkbox"/>                      <input type="checkbox"/>                      <input type="checkbox"/>                      <input type="checkbox"/>                      <input type="checkbox"/></p>
<b>4</b>	<p><i>During the past 4 weeks.....</i></p> <p>For how long have you been able to walk before <u>pain from your knee</u> becomes <b>severe?</b> (<i>with or without a stick</i>)</p> <p>No pain/ More than 30 minutes                      16 to 30 minutes                      5 to 15 minutes                      Around the house <u>only</u>                      Not at all - pain severe when walking</p> <p><input type="checkbox"/>                      <input type="checkbox"/>                      <input type="checkbox"/>                      <input type="checkbox"/>                      <input type="checkbox"/></p>
<b>5</b>	<p><i>During the past 4 weeks.....</i></p> <p>After a meal (sat at a table), how painful has it been for you to stand up from a chair <u>because of your knee?</u></p> <p>Not at all painful                      Slightly painful                      Moderately painful                      Very painful                      Unbearable</p> <p><input type="checkbox"/>                      <input type="checkbox"/>                      <input type="checkbox"/>                      <input type="checkbox"/>                      <input type="checkbox"/></p>
<b>6</b>	<p><i>During the past 4 weeks.....</i></p> <p>Have you been limping when walking, <u>because of your knee?</u></p> <p>Rarely/ never                      Sometimes, or just at first                      Often, not just at first                      Most of the time                      All of the time</p> <p><input type="checkbox"/>                      <input type="checkbox"/>                      <input type="checkbox"/>                      <input type="checkbox"/>                      <input type="checkbox"/></p>

# During the past 4 weeks...

✓ tick one box  
for every question

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

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

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

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 of  
the time

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

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