

Scoring : out of 48.

## PROBLEMS WITH YOUR KNEE

During the past 4 weeks..

✓tick one box  
for every question

1	<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> <table><tbody><tr><td>None</td><td>Very mild</td><td>Mild</td><td>Moderate</td><td>Severe</td></tr><tr><td><input type="checkbox"/> 4</td><td><input type="checkbox"/> 3</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 0</td></tr></tbody></table>	None	Very mild	Mild	Moderate	Severe	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
None	Very mild	Mild	Moderate	Severe							
<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0							
2	<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> <table><tbody><tr><td>No trouble at all</td><td>Very little trouble</td><td>Moderate trouble</td><td>Extreme difficulty</td><td>Impossible to do</td></tr><tr><td><input type="checkbox"/> 4</td><td><input type="checkbox"/> 3</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 0</td></tr></tbody></table>	No trouble at all	Very little trouble	Moderate trouble	Extreme difficulty	Impossible to do	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
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3	<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> <table><tbody><tr><td>No trouble at all</td><td>Very little trouble</td><td>Moderate trouble</td><td>Extreme difficulty</td><td>Impossible to do</td></tr><tr><td><input type="checkbox"/> 4</td><td><input type="checkbox"/> 3</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 0</td></tr></tbody></table>	No trouble at all	Very little trouble	Moderate trouble	Extreme difficulty	Impossible to do	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
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4	<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 becomes severe</u>? (<i>with or without a stick</i>)</p> <table><tbody><tr><td>No pain/ More than 30 minutes</td><td>16 to 30 minutes</td><td>5 to 15 minutes</td><td>Around the house <u>only</u></td><td>Not at all - pain severe when walking</td></tr><tr><td><input type="checkbox"/> 4</td><td><input type="checkbox"/> 3</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 0</td></tr></tbody></table>	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	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
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5	<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> <table><tbody><tr><td>Not at all painful</td><td>Slightly painful</td><td>Moderately painful</td><td>Very painful</td><td>Unbearable</td></tr><tr><td><input type="checkbox"/> 4</td><td><input type="checkbox"/> 3</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 0</td></tr></tbody></table>	Not at all painful	Slightly painful	Moderately painful	Very painful	Unbearable	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
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6	<p><i>During the past 4 weeks.....</i></p> <p>Have you been limping when walking, <u>because of your knee</u>?</p> <table><tbody><tr><td>Rarely/ never</td><td>Sometimes, or just at first</td><td>Often, not just at first</td><td>Most of the time</td><td>All of the time</td></tr><tr><td><input type="checkbox"/> 4</td><td><input type="checkbox"/> 3</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 0</td></tr></tbody></table>	Rarely/ never	Sometimes, or just at first	Often, not just at first	Most of the time	All of the time	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
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# 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

☐ 4

With little  
difficulty

☐ 3

With moderate  
difficulty

☐ 2

With extreme  
difficulty

☐ 1

No,  
Impossible

☐ 0

8

During the past 4 weeks.....

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

No  
nights

☐ 4

Only 1 or 2  
nights

☐ 3

Some  
nights

☐ 2

Most  
nights

☐ 1

Every  
night

☐ 0

9

During the past 4 weeks.....

How much has pain from your knee interfered with your usual work  
(including housework)?

Not at all

☐ 4

A little bit

☐ 3

Moderately

☐ 2

Greatly

☐ 1

Totally

☐ 0

10

During the past 4 weeks.....

Have you felt that your knee might suddenly 'give way' or let you  
down?

Rarely/  
never

☐ 4

Sometimes, or  
just at first

☐ 3

Often, not  
just at first

☐ 2

Most of  
the time

☐ 1

All of  
the time

☐ 0

11

During the past 4 weeks.....

Could you do the household shopping on your own?

Yes,  
Easily

☐ 4

With little  
difficulty

☐ 3

With moderate  
difficulty

☐ 2

With extreme  
difficulty

☐ 1

No,  
Impossible

☐ 0

12

During the past 4 weeks.....

Could you walk down one flight of stairs?

Yes,  
Easily

☐ 4

With little  
difficulty

☐ 3

With moderate  
difficulty

☐ 2

With extreme  
difficulty

☐ 1

No,  
Impossible

☐ 0