

Please answer the following 12 questions. Choose only one answer per question. The value for each answer is indicated to the left of the answer. Total up all of your answers to obtain a total score out of 48 points.

**NAME**

**HOSPITAL NUMBER**

**DATE**

**During the past 4 weeks...**

**1. How would you describe the pain you usually have in your knee?**

- 4) None
- 3) Very mild
- 2) Mild
- 1) Moderate
- 0) Severe

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

- 4) No nights
- 3) Only 1 or 2 nights
- 2) Some nights
- 1) Most nights
- 0) Every night

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

- 4) No trouble at all
- 3) Very little trouble
- 2) Moderate trouble
- 1) Extreme difficulty
- 0) Impossible to do

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

- 4) Rarely/never
- 3) Sometimes or just at first
- 2) Often, not just at first
- 1) Most of the time
- 0) All of the time

**5. For how long have you been able to walk before the pain in your knee becomes severe (with or without a walking aid)?**

- 4) No pain for 30 minutes or more.
- 3) 16 to 30 minutes
- 2) 5 to 15 minutes
- 1) Around the house only
- 0) Not at all

**6. Can you walk down one flight of stairs?**

- 4) Yes, easily
- 3) With little difficulty
- 2) With moderate difficulty
- 1) With extreme difficulty
- 0) No, impossible

**7. Could you kneel down and get up again afterwards?**

- 4) Yes, easily
- 3) With little difficulty
- 2) With moderate difficulty
- 1) With extreme difficulty
- 0) No, impossible

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

- 4) Not at all painful
- 3) Slightly painful
- 2) Moderately painful
- 1) Very painful
- 0) Unbearable

**9. Have you had any trouble getting in and out of a car or using public transportation because of your knee?**

- 4) No trouble at all
- 3) Very little trouble
- 2) Moderate trouble
- 1) Extreme difficulty
- 0) Impossible to do

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

- 4) Never/rarely
- 3) Sometimes/just at first
- 2) Often, not just at first
- 1) Most of the time
- 0) All of the time

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

- 4) Yes, easily
- 3) With little difficulty
- 2) With moderate difficulty
- 1) With extreme difficulty
- 0) No, impossible

**12. How much has pain from your knee interfered with your usual work, including housework?**

- 4) Not at all
- 3) A little bit
- 2) Moderately
- 1) Greatly
- 0) Totally

**TOTAL =     /     48**