**SEBASTIAN RIVER Medical Center**

**Total Joint Questionnaire - Knee**

**Pre-Surgery Evaluation**

**Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Patient DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Collection Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Complete the below questionnaire by marking the correct response for your situation.**

**How comfortable are you filling out medical forms by yourself?**

Extremely (4) Quite a bit (3) Somewhat (2) A little bit (1) Not at all (0)

**Have you used narcotics daily for the past 90 days or longer?**

Any daily dose of morphine (or hydromorphone/equivalent) in the 90 to 0 days prior to your surgery? Yes (0) N

**What amount of pain have you experienced in the last week in your other knee?**

None (0) Mild (1) Moderate (2) Severe (3) Extreme (4)

**Do you have BACK PAIN at this moment and rate the severity?**

None (0) Very Mild (1) Moderate (2) Fairly Severe (3) Very Severe (4) Worst Imaginable (5)

**Stiffness**

1. **How severe is your knee stiffness in the last week after first waking in the morning?**

None (0) Mild (1) Moderate (2) Severe (3) Extreme (4)

**Pain**

What amount of knee pain have you experienced the **last week** during the following activities?

1. **Twisting/pivoting on your knee**

None (0) Mild (1) Moderate (2) Severe (3) Extreme (4)

1. **Straightening knee fully**

None (0) Mild (1) Moderate (2) Severe (3) Extreme (4)

1. **Going up or down stairs**

None (0) Mild (1) Moderate (2) Severe (3) Extreme (4)

1. **Standing upright**

None (0) Mild (1) Moderate (2) Severe (3) Extreme (4)

**Function/Daily Living**

**Please indicate the degree of difficulty you have experienced in the last week due to your knee.**

1. Rising from sitting

None (0) Mild (1) Moderate (2) Severe (3) Extreme (4)

1. Bending to floor/pick up an object

None (0) Mild (1) Moderate (2) Severe (3) Extreme (4

**GLOBAL HEALTH**

Please respond to each item by marking one box per row:

Global 01 – **In general, would you say your health is:**

Excellent (5) Very Good (4) Good (3) Fair(2) Poor (1)

Global 02 – **In general, would you say your quality of life is:**

Excellent (5) Very Good (4) Good (3) Fair(2) Poor (1)

Global 03 – **In general, how would you rate your physical health?**

Excellent (5) Very Good (4) Good (3) Fair(2) Poor (1)

Global 04 – **In general, how would you rate your mental health, including your mood and your ability to think?**

Excellent (5) Very Good (4) Good (3) Fair(2) Poor (1)

Global 05 – **In general, how would you rate your satisfaction with your social activities and relationships?**

Excellent (5) Very Good (4) Good (3) Fair (2) Poor (1)

Global 09 – **In general, please rate how well you carry out your usual social activities and roles. (This includes activities at home, at work, and in your community and responsibilities as a child, spouse, employee, friend, etc.)**

Excellent (5) Very Good (4) Good (3) Fair (2) Poor (1)

Global 06 – **To what extend are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?**

Completely (5) Mostly (4) Moderately (3) A little (2) Not at all (1)

Global 10 – **How often have you been bothered by emotional problems such as feeling anxious, depressed, or irritable?**

Never (1) Rarely (2) Sometimes (3) Often (4) Always (5)

Global 08 – **How would you rate your fatigue on average?**

None (1) Mild (2) Moderate (3) Severe (4) Very Severe (5)

Global 07 – **How would you rate your pain on average?**

0 1 2 3 4 5 6 7 8 9 10

No Worst imaginable

Pain Pain