



Knee Replacement Survey

Please fill out all questions. For every question, only circle **one** answer.

1. How is this survey being completed?

- Patient
- Surrogate

2. What is your Race?

- White
- Black or African-American
- Asian
- American Indian/Alaska Native
- Native Hawaiian/Other Pacific Islander
- Other

3. What is your Ethnicity?

- Non-Hispanic or Not Latino
- Hispanic or Latino

4. How comfortable are you filling out medical forms by yourself?

- Extremely
- Quite a bit
- Somewhat
- A little bit
- Not at all

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

- No pain
- Mild
- Moderate
- Severe
- Extreme



6. What is the pain intensity in your lower back?

- No pain
- Very mild
- Moderate
- Fairly severe
- Very severe
- Worst imaginable

7. Please rate each general overall health question:

- In general would you say your overall health is:

Excellent Very Good Good Fair Poor

- In general would you say your quality of life is:

Excellent Very Good Good Fair Poor

- In general how would you rate your physical health:

Excellent Very Good Good Fair Poor

- In general how would you rate your mental health, including your mood and your ability to think:

Excellent Very Good Good Fair Poor

- In general how would you rate your satisfaction with social activities and relationships:

Excellent Very Good Good Fair Poor

- In general rate how well you carry out social activities and roles. This includes activities at home, at work, and in your community and responsibilities as a parent, child, spouse, employee, friend, etc. :

Excellent Very Good Good Fair Poor



8. To what extent are you able to do every day physical activities such as walking, climbing stairs, carrying groceries or moving a chair:

Completely Mostly Moderately A little Not at all

9. In the past 7 days how often have you been bothered by emotional problems such as feeling anxious, depressed or irritable:

Never Rarely Sometimes Often Always

10. Rate your average fatigue over the past 7 days:

None Mild Moderate Severe Very Severe

11. Rate your average pain over the past 7 days:

0 1 2 3 4 5 6 7 8 9 10

12. The amount of joint stiffness you have experienced during the last week in your knee. Stiffness is a sensation of restriction or slowness in the ease with which you move your knee joint:

• None Mild Moderate Severe Extreme

13. What amount of knee pain have you experienced the last week during the following activities:

• Twisting/Pivoting:	None	Mild	Moderate	Severe	Extreme
• Straightening knee fully:	None	Mild	Moderate	Severe	Extreme
• Going up or down stairs:	None	Mild	Moderate	Severe	Extreme
• Standing upright:	None	Mild	Moderate	Severe	Extreme

14. Indicate the degree of difficulty you have experienced in the last week due to your knee:

• Rising from sitting:
None Mild Moderate Severe Extreme

• Bending to floor/pick up an object:
None Mild Moderate Severe Extreme