

KG18 Pain Score

No pain

Patient ID _	O Study Name Study Number									Numbe	r		
Date	/Side												
Filled in by:	□Ор	erating	Dr.	Other M	D []Resea	rch Assi	stant	Quest	ionnaire		Other	
Next Visit D Please circl joint the m	e the i	number	on the	e scale w ince you	ır last	t visit:			f pain y worst		e felt i	n your	affected
			How r	nuch pa	in ha	ave you	ı felt ir	your a	offected	d joint ?	•		
	0	1	2	3	4	5	6	7	8	9	10		
No pain											٧	Vorst pa	ain

Patient Name_____

KG19 Pain Expectations

Patient	Name	!							Patient ID						
Name				idy Nun							☐Right [
Filled in Next Vis	-	-	_			טו 🗀	Researc	n Assisi	tant [_\Questi	onnaire	□Other			
						at the	e level	which	most	corresi	oonds to	how you fe	el for each		
ruestio												j			
No pain															
•		How m	uch p	ain ha	ve you	felt in	your a	affecte	d joint	the m	ajority of	f the time?			
	0	1	2	3	4	5	6	7	8	9	10				
	•			<u> </u>				,			10	• v	Vorst pain		
No pain															
			Но	ow do y	ou rat	e your	ability	to do	stren	uous \	work?				
	0	1	2	3	4	5	6	7	8	9	10				
	•											• W	Vorst pain		
No pain															
-			How	do you	ı rate y	our ab	ility to	do se	denta	ary ac	tivities?	?			
	0	1	2	3	4	5	6	7	8	9	10				
	•											→ N	lorst pain		
No pain															
, , , , , , , , , , , , , , , , , , ,		How (do you	ı rate y	our ab	ility to	do nc	rmal	activi	ities o	f daily I	iving?			
	0	1	2	3	4	5	6	7	8	9	10		$(\ddot{\sim})$		
	•										10	• v	Vorst pain		
													·		
			Ца	w woll	did th	ic onor	ation r	moot :	vour	ovnoc	tations	2			
No pain			по	w wen	aia tii	•	ation i ter sur		•	exped	tations	•			
	0	1	2	3	4	5	6	90. y 0. 7	,,	9	10		$\overline{\mathbf{c}}$		
	+	1		<u> </u>	4	<u>.</u>	U	,	O	7	10	• N	lorst pain		

S21 Brittberg Peterson

Patient	Name	<u>}</u>											
Patient		S ¹	tudy IC)		S	tudy N						
Date	/	_/			9	Side		□Ri	ght []Left			
Next Vi	sit	_/	_/	(Est	imate i	f exact	date u	nknown	to allo	w progi	ram to tra	ack follow	nb)
Filled in	n by: [Oper	ating [)r. □(Other M	1D 🗌	Researc	ch Assis	tant [_Quest	ionnaire	□Other	
Please questio		e your	· last v	visit. 0	is th	e bes	t and	10 is	the w	orst		J	feel for each
		Hov	v muc	h pain	have	you fel	t in yo	ur affe	cted j o	oint wh	nen it is	resting?	
	0	1	2	3	4	5	6	7	8	9	10		
lo pain	*											•	Worst pain
No pain			Но	w muc	h <mark>pai</mark> r	i do yo	u feel	when y	our jo	int is n	noving?		
	0	1	2	3	4	5	6	7	8	9	10		Worst pain
No pain	0	1	How n	nuch pa	ain do :			-		bent ((when sit	ting)	Worst pain
la pain						D	o you l	limn?					
No pain	0	4	2	•	4			_	0	0	10		\bigcirc
	•	1	2	3	4	5	6	7	8	9	10	•	Worst pain
olo pain			Ho	ow muc	h diffi	culty d	lo you l	nave W	<i>ı</i> alkin	g norr	mally?		(C)
	0	1	2	3	4	5	6	7	8	9	10		
No pain	•			Н	ow mu	ch diff	iculty (do vou	have r	unnin	ıa?	•	Worst pain
to pain	0	1	2	3	4	5	6	7	8	9	10		
	—	'			т			•				•	Worst pain

Brittberg – Peterson Visual Pain, Activities and Expectations Score cont'd

	How much difficulty do you have with squatting?												
No pain	0	1	2	3	4	5	6	7	8	9	10		
	•											•	Worst pain
				How m	uch dif	ficulty	do you	ı have	climb	ing st	airs?		
No pain	0	1	2	3	4	5	6	7	8	9	10	•	
	·											•	Worst pain
\bigcirc				How	much:	swelli	ng do	you ha	ive in y	our kn	ee?		
No pain	0	1	2	3	4	5	6	7	8	9	10	•	
	•											•	Worst pain
	How tender is your joint to touch?												
No pain	0	1	2	3	4	5	6	7	8	9	10	•	
	•											•	Worst pain
						How S	itiff is	vour k	nee?				
No pain	0	1	2	3	4	5	6	7	8	9	10		
	•												Worst pain
					D			ماماد	امما مما	1.0			
No pain	0	1	2	3	4	s your 5	knee C 6	atch (or loc 8	K ? 9	10		
No pairi	•						- 0		- 0	7	10	•	Worst pain
				Но	ow un s	stable	is you	r joint	(it give	es way))		
No pain	0	1	2	3	4	5	6	7	8	9	10		
	•											•	Worst pain

Brittberg - Peterson Visual Pain, Activities and Expectations Score cont'd

After surgery only