

# **CRITÉRIOS DE AVALIAÇÃO DE DOR**

# KG18 Pain Score

Patient Name \_\_\_\_\_

Patient ID \_\_\_\_\_ Study Name \_\_\_\_\_ Study Number \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Side Right Left

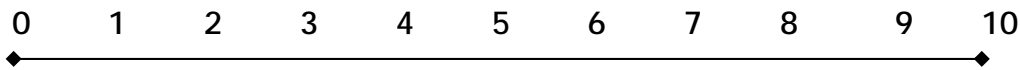
Filled in by: Operating Dr. Other MD Research Assistant Questionnaire Other

Next Visit Due \_\_\_\_/\_\_\_\_/\_\_\_\_

Please circle the number on the scale which matches the level of pain you have felt in your affected joint the majority of the time since your last visit:

**0 is the best and 10 is the worst**

How much **pain** have you felt in your affected joint ?



No pain

Worst pain

## KG19 Pain Expectations

Patient Name \_\_\_\_\_ Patient ID \_\_\_\_\_ Study

Name \_\_\_\_\_ Study Number \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_ - Side  Right  Left

Filled in by:  Operating Dr.  Other MD  Research Assistant  Questionnaire  Other

Next Visit Due \_\_\_/\_\_\_/\_\_\_

Please circle the number on the scale at the level which most corresponds to how you feel for each question since your last visit. 0 is the best and 10 is the worst



No pain

How much **pain** have you felt in your affected joint the majority of the time?

0 1 2 3 4 5 6 7 8 9 10



Worst pain



No pain

How do you rate your ability to do **strenuous work**?

0 1 2 3 4 5 6 7 8 9 10



Worst pain



No pain

How do you rate your ability to do **sedentary activities**?

0 1 2 3 4 5 6 7 8 9 10



Worst pain



No pain

How do you rate your ability to do **normal activities of daily living**?

0 1 2 3 4 5 6 7 8 9 10



Worst pain



No pain

How well did this operation **meet your expectations**?  
(After surgery only)

0 1 2 3 4 5 6 7 8 9 10



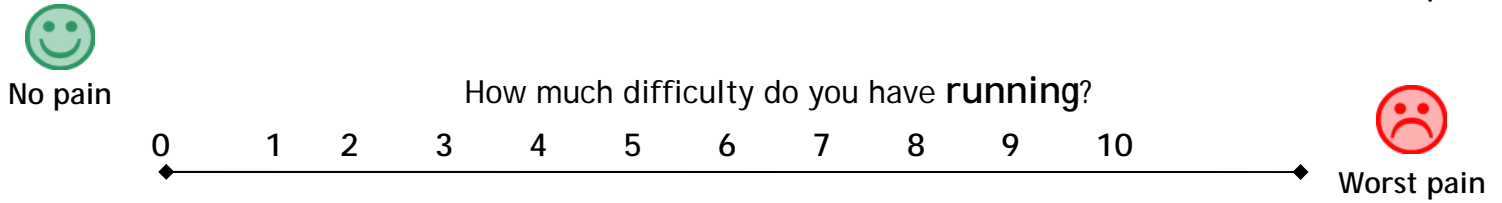
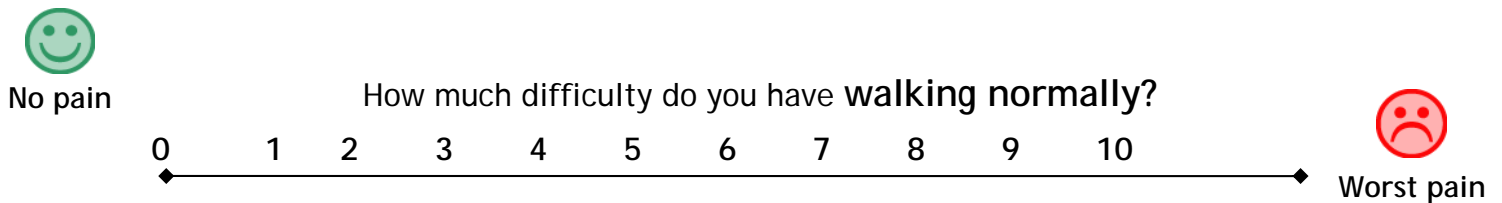
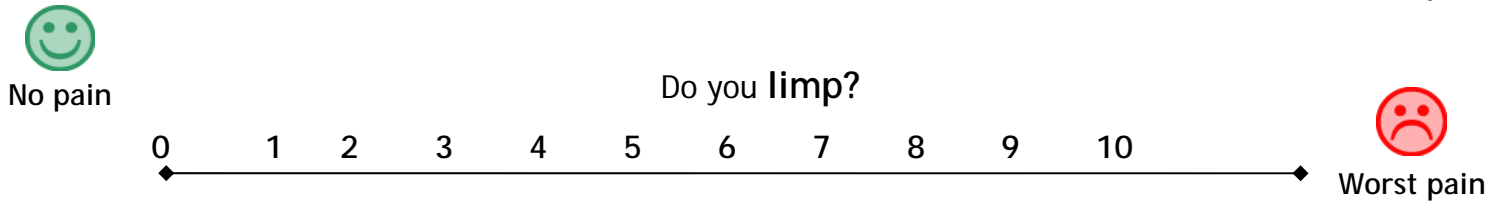
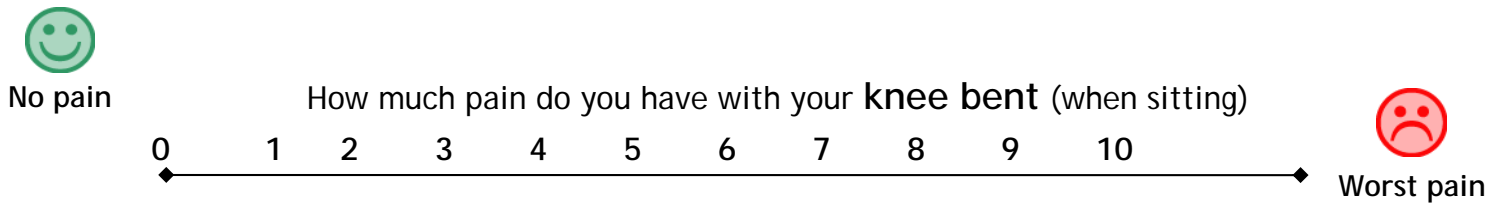
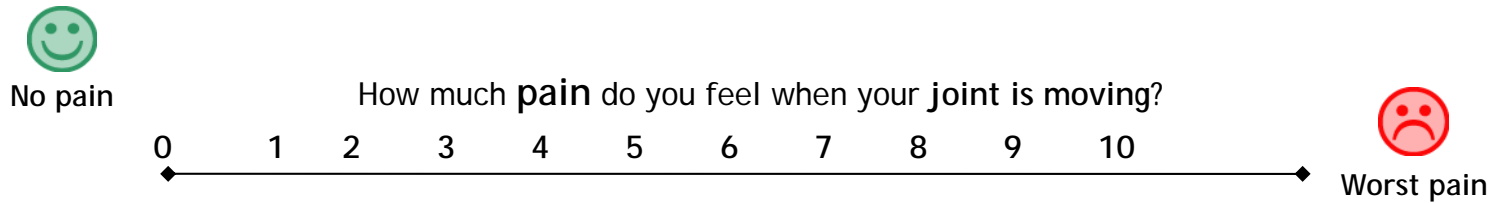
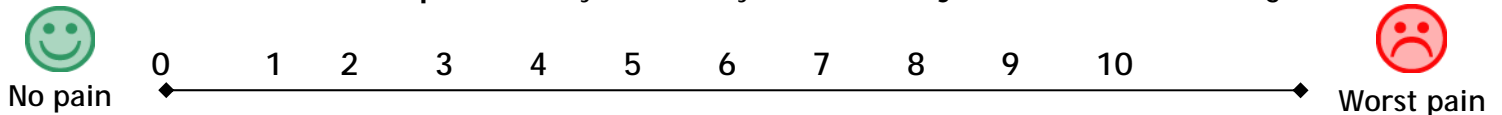
Worst pain

## S21 Brittberg Peterson

Patient Name \_\_\_\_\_  
Patient ID \_\_\_\_\_ Study ID \_\_\_\_\_ Study Number \_\_\_\_\_  
Date \_\_\_/\_\_\_/\_\_\_ Side Right Left  
Next Visit \_\_\_/\_\_\_/\_\_\_ ( Estimate if exact date unknown to allow program to track follow up)  
Filled in by: Operating Dr. Other MD Research Assistant Questionnaire Other

Please circle the number on the scale at the level which most corresponds to how you feel for each question since your last visit. 0 is the best and 10 is the worst

How much **pain** have you felt in your affected **joint** when it is resting?



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



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

### **After surgery only**

**Did you achieve your goal with surgery?**

- Yes
- No - because of pain, swelling or giving way
- No - but I have changed my goal, I no longer have the desire to participate in activities

**How is your knee after surgery?**

- My knee has improved
- My knee has stayed the same
- My knee has become worse but is still tolerable
- My knee has become significantly worse and is not tolerable

**How would you rate the effect the surgical procedure had on your knee?**

- My knee has improved because of the surgery
- I am uncertain about the effect of the surgery
- The surgery was not useful