

Questionnaire for follow up outcome of viscosupplementation following postponed procedures.

Patient Name:

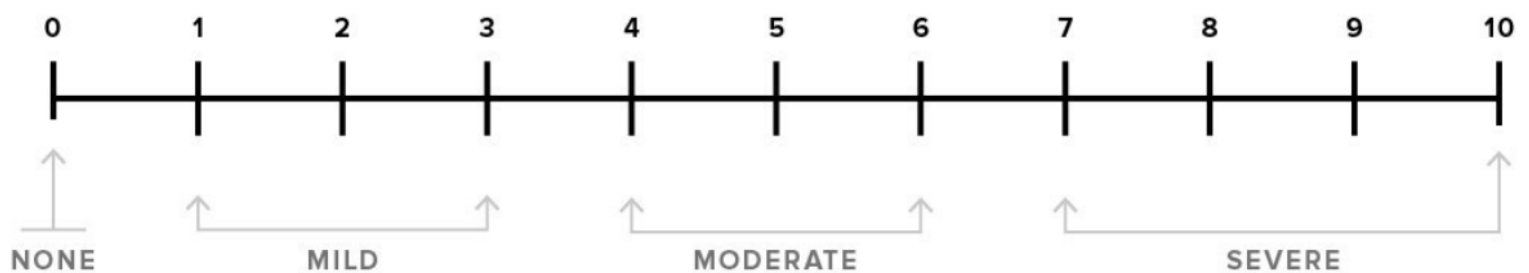
DOB:

Name of Consultant Surgeon:

Postponed procedure:

Date:

At what level is your overall pain?
VAS Score



Please circle a representative number and continue to page 2.

Questionnaire for follow up outcome of viscosupplementation following postponed procedures.

Rate you pain, stiffness and difficulty levels below.

WOMAC Score

RATE YOUR PAIN WHEN...	NONE	SLIGHT	MODERATE	SEVERE	EXTREME
Walking	0	1	2	3	4
Climbing stairs	0	1	2	3	4
Sleeping at night	0	1	2	3	4
Resting	0	1	2	3	4
Standing	0	1	2	3	4
RATE YOUR STIFFNESS IN THE...	NONE	SLIGHT	MODERATE	SEVERE	EXTREME
Morning	0	1	2	3	4
Evening	0	1	2	3	4
RATE YOUR DIFFICULTY WHEN...	NONE	SLIGHT	MODERATE	SEVERE	EXTREME
Descending stairs	0	1	2	3	4
Ascending stairs	0	1	2	3	4
Rising from sitting	0	1	2	3	4
Standing	0	1	2	3	4
Bending to floor	0	1	2	3	4
Walking on even floor	0	1	2	3	4
Getting in/out of car	0	1	2	3	4
Going shopping	0	1	2	3	4
Putting on socks	0	1	2	3	4
Rising from bed	0	1	2	3	4
Taking off socks	0	1	2	3	4
Lying in bed	0	1	2	3	4
Getting in/out of bath	0	1	2	3	4
Sitting	0	1	2	3	4
Getting on/off toilet	0	1	2	3	4
Doing light domestic duties (cooking, dusting)	0	1	2	3	4
Doing heavy domestic duties (moving furniture)	0	1	2	3	4

I am happy for my information to be used anonymously for data analysis purposes.
I am happy to be contacted in future regarding this procedure

Print Name:

Date:

Signed: