Patient ID _____. Time point: □ baseline, □ 6 month, □ 1 year, □ 2 year.

Patient Identifier: _____	Assessment Date: _____/_____/_____ (dd/mm/yyyy) Time Point: ☐ 6 months ☐ 1 year ☐ 2 year

A. Surgery Information

Surgery Date: _____/_____ (mm/yyyy)

☐[s1] Left ☐[s2] Right ☐[s3] Bilateral

Index knee: ☐[I1] Left ☐[I2] Right

B. Condition of contralateral knee

☐[1] Other knee not symptomatic

☐[2] Other knee symptomatic

☐[3] Other knee successfully replaced

☐[4] Bilateral TKR/UKA

C. Patient Satisfaction

The following questions ask how **satisfied** you are with the knee replacement surgery:

PS0. How satisfied are you with the results of your knee surgery?

☐[1] Very satisfied

☐[2] Satisfied

☐[3] Neutral

☐[4] Un-satisfied

☐[5] Very un-satisfied

PS1. How would you rate your overall satisfaction with the surgery?

☐[1] Very satisfied

☐[2] Somewhat satisfied

☐[3] Somewhat dissatisfied

☐[4] Very dissatisfied

PS2. How would you rate your satisfaction with the surgery in relieving knee pain?

☐[1] Very satisfied

☐[2] Somewhat satisfied

☐[3] Somewhat dissatisfied

☐[4] Very dissatisfied

PS3. How would you rate your satisfaction with the surgery to improve your ability to perform home or yard work?

☐[1] Very satisfied

☐[2] Somewhat satisfied

☐[3] Somewhat dissatisfied

☐[4] Very dissatisfied

PS4. How would you rate your satisfaction with the surgery to improve your ability to perform recreational activities?

☐[1] Very satisfied

☐[2] Somewhat satisfied

☐[3] Somewhat dissatisfied

☐[4] Very dissatisfied

PASS criteria:

PS5.Taking into account all the activities you have during your daily life, your level of pain, and also your functional impairment, do you consider that your current state is satisfactory?

☐[0] No

☐[1] Yes

PS6. How do you rate the improvement in pain in the knee **that you had surgery**?

☐[1] No change or worsening pain

☐[2] Slightly better

☐[3] A great deal better

☐[4] Pain completely absent from knee

PS7. How do you rate the improvement in functional ability of the knee **that you had surgery**?

☐[1] No change or worsening of functional ability

☐[2] Slightly better

☐[3] A great deal better

☐[4] Functional ability completely unrestricted

Patient Global assessment

Considering all the way your arthritis is affecting you, how well are you doing in past one week?

0	1	2	3	4	5	6	7	8	9	10

Very good — Very bad

Patient ID _____. Time point: □ baseline, □ 6 month, □ 1 year, □ 2 year.

D. WOMAC

The following questions concern the amount of pain you have recently experienced in each of your knees. For each question, please tick the amount of **pain** you have experienced during the **PAST 4 WEEKS**. Please (✓) tick **one** column for **each** knee.

Dp1. How much pain do you have **walking on a flat surface**?

	None[0]	**Mild**[1]	**Moderate**[2]	**Severe**[3]	**Extreme**[4]
a. The surgery side (dominant side if bilateral surgery)					
b. The other side					

Dp2. How much pain do you have **going up or down stairs**?

	None[0]	**Mild**[1]	**Moderate**[2]	**Severe**[3]	**Extreme**[4]
a. The surgery side (dominant side if bilateral surgery)					
b. The other side					

Dp3. How much pain do you have **at night while in bed**?

	None[0]	**Mild**[1]	**Moderate**[2]	**Severe**[3]	**Extreme**[4]
a. The surgery side (dominant side if bilateral surgery)					
b. The other side					

Dp4. How much pain do you have **sitting or lying**?

	None[0]	**Mild**[1]	**Moderate**[2]	**Severe**[3]	**Extreme**[4]
a. The surgery side (dpminant side if bilateral surgery)					
b. The other side					

Dp5. How much pain do you have **standing upright**?

	None[0]	**Mild**[1]	**Moderate**[2]	**Severe**[3]	**Extreme**[4]
a. The surgery side (dpminant side if bilateral surgery)					
b. The other side					

Patient ID _____. Time point: □ baseline, □ 6 month, □ 1 year, □ 2 year.

The following questions concern the amount of knee **stiffness** (not pain) you have experienced during the **PAST 4 WEEKS** in your knee **that you had surgery**. Stiffness is a sensation of restriction or slowness in the ease with which you move your joints. Please tick (✓) one box only.

How much stiffness do you have after…	**None**[0]	**Mild**[1]	**Moderate**[2]	**Severe**[3]	**Extreme**[4]
Ds1. ...first waking in the morning?					
Ds2. ...sitting, lying or resting later in the day?					

The following questions concern your physical function. By this we mean your ability to move around and look after yourself. For each of the following activities please tick the degree of **difficulty** you have experienced during the **PAST 4 WEEKS** due to the knee **that you had surgery.** Please tick (✓) one box only.

What degree of difficulty do you have with...

	None[0]	**Mild**[1]	**Moderate**[2]	**Severe**[3]	**Extreme**[4]
Df1. ...descending stairs?					
Df2. ...ascending stairs?					
Df3. ...rising from sitting?					
Df4. ...standing?					
Df5. ...bending to floor?					
Df6. ...walking on flat?					
Df7. ...getting in/out of car?					
Df8. ...going shopping?					
Df9. ...putting on socks/stockings?					
Df10. ...rising from bed?					
Df11. ...taking off socks/stockings?					
Df12. ...lying in bed?					
Df13. ...getting in/out of bath/shower?					
Df14. ...sitting?					
Df15. ...getting on/off toilet?					
Df16. ...heavy household chores?					
Df17. ...light household chores?					

Patient ID _____. Time point: □ baseline, □ 6 month, □ 1 year, □ 2 year.

E. Hospital for special surgery knee replacement expectations survey

Please circle the number that best describes your response to each question.

How much relief or improvement do you expect in the following areas as a result of your knee replacement?

	Complete satisfaction	Partial satisfaction	Dissatisfaction	Not applicable
E1.Relief of pain	1	2	3	4
E2.Improve ability to walk a.short distance (indoors, 1 block)	1	2	3	4
b.medium distance (take a walk, less than 3 bus-stops)	1	2	3	4
c.long distance (more than 3 bus-stops)	1	2	3	4
E3.Remove the need for a cane, crutch or walker	1	2	3	4
E4.Make knee or leg straight	1	2	3	4
E5.Improve ability to go up stairs	1	2	3	4
E6.Improve ability to go down stairs	1	2	3	4
E7.Improve ability to kneel	1	2	3	4
E8.Improve ability to squat	1	2	3	4
E9.Improve ability to use public transportation, drive	1	2	3	4
E10.Be employed for monetary reimbursement	1	2	3	4
E11.Improve ability to participate in recreation (for example, dancing, pleasure travel)	1	2	3	4
E12.Improve ability to perform daily activities (for example, household chores, daily routine)	1	2	3	4
E13.Improve ability to exercise or participate in sports	1	2	3	4
E14.Improve ability to change position (for example, go from sitting to standing or from standing to sitting)	1	2	3	4
E15.Improve ability to interact with others (for example, take care of someone, play with children)	1	2	3	4
E16.Improve sexual activity	1	2	3	4
E17.Improve psychological well-being	1	2	3	4