

Artrose Research Group Orthopedie Nederland | ARGON

Codebook hip/ knee orthopaedic research databases

Initiative

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Artrose Research Group Orthopedie Nederland

Codebook hip/ knee

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About this codebook

This codebook consists of different variables/ questionnaires that are frequently used in orthopaedic research concerning the <u>hip</u> and <u>knee</u>. It is not intended to recommend any questionnaire over another one, but when the questionnaires has been chosen researchers can use this codebook to name and label their variables. We advise to use the variable names, labels and values as described in this codebook to create an uniform format for Orthopaedic research databases. This will greatly facilitate a future exchange and pooling of data. The Dutch Arthroplasty Register was taken as the leading format, with some changes because of discrepancies or inconsistencies.

Goal

The goal of this codebook is to create an uniform format for databases across the Netherlands so that databases can be exchanged and merged in an easy way. English language is used, so that international collaboration is possible. However, the Dutch versions of the questionnaires were used.

Values

Please pay attention to the values. Most are coded as lowest is best (e.g. no trouble at all) and highest is worst (e.g. impossible to do). However, sometimes scores are coded the other way around. This is done on purpose as it is needed in this way to be able to calculate the total score (e.g. HADS, Oxford).

Missings

Missing values should be reported as an empty cell.

Different versions questionnaires

As stated above, we used the Dutch version of questionnaires. Different versions of questionnaires exist for example EQ-5D 3L and EQ-5D 5L, referring to 3 or 5 answering categories. There are also different versions of the SF-36 (version 1 and 2) and the WOMAC; one specific for hip, one specific for knee and a "general" version. These are distinguished by giving different names to these different versions. In addition, the order of the OHS differs between the English and Dutch version. We used the order of the Dutch version, thus caution is needed when using syntaxes from English speaking countries. Furthermore, the answering categories of the HOOS and KOOS Q3 differ in direction compared to the other questions and thus have to be recoded differently.

Variable name	Label	Values
General information		
IDH	Hospital ID	
IDPTN	Patient ID	
GENDER	gender	0 = Male
		1 = Female
DATBIRTH	Date of birth	dd/mm/yyyy
AGE	Age	Years
DATQ	Date completion questionnaire	dd/mm/yyyy
AJOINT	Which joint(s) is/are affected?	1 = Hip
		2 = Knee
		3 = Ankle
		4 = Shoulder
		5 = Elbow
		6 = Wrist
AIOINTOTHER	If other specific	9 = Other
AJOINTOTHER TJOINT	If other, specify	1 - Hin
IJOINI	For which joint is the patient under treatment?	1 = Hip 2 = Knee
	under treatments	3 = Ankle
		4 = Shoulder
		5 = Elbow
		6 = Wrist
		9 = Other
TJOINTOTHER	If other, specify	5 Guile.
SIDE	Which side of the body?	1 = Right
	,	2 = Left
DOS	Date of surgery	yyyy/mm/dd
SYEAR	Year of surgery	уууу
SMONTH	Month of surgery	mm
SDUR	Duration of surgery	minutes
DOR	Date of Revision	yyyy/mm/dd
RYEAR	Year of revision	уууу
RMONTH	Month of revision	mm
RDUR	Duration of revision surgery	minutes
TIMETOREV	Time to revision	Weeks
TIMETOFUP	Time to follow up	Weeks
DIAGH	Diagnosis hip	0 = Osteoarthritis
		1 = Dysplasia
		2 = Reumatoid arthritis
		3 = Fracture (acute)
		4 = Osteonecrosis
		5 = Post-Perthes
		10 = Tumour, primary
		11 = Tumour, metastasis
		12 = Late posttraumatic 13 = Inflammatory arthritis
		9 = Other
DIAGK	Diagnosis knee	0 = Osteoarthritis
	Diagnosis knee	1 = Posttraumatic
		1 Osteradifiatio

		2 Daymantaid authoritie
		2 = Reumatoid arthritis
		3 = Osteonecrosis
		6 = Tumour, primair
		7 = Tumour, metastasis
		8 = Inflammatory arthritis
		9 = Other
OKTYP	Type of surgery	1 = Primary
		2 = Revision
PROSTH	Prosthesis Hip	0 = Total hipprosthesis (THP)
		1 = Hemiprosthesis
		2 = Resurfacing
		9 = Other
PROSTK	Prosthesis Knee	0 = Unicondylar kneeprosthesis
		1 = Total kneeprosthesis (TKP)
		2 = Patellofemoral
		kneeprosthesis
		9 = Other
OTHPRO	If other prosthesis, specify	
APPRH	Approach hip	0 = Straight lateral
		1 = Posterolateral
		2 = Anterolateral
		3 = Anterior
		4 = Trochanter Osteotomy
		9 = Other
APPR	Approach knee	0 = Medial parapattelar
		1 = Lateral parapattelar
		2 = Vastus (mid/sub)
		9 = Other
OTHAPPR	If other approach, specify	
BONEG	Bonegraft used	0 = No
		1 = Yes, autograft
		2 = Yes, allograft
		3 = Yes, combination of both
PREOP	Operations before primary hip	0 = No
	or knee implant	1 = Yes
OSTEOSY	Osteosynthesis	0 = No
	, , , , , , , , , , , , , , , , , , , ,	1 = Yes
OSTEOTO	Osteotomy	0 = No
0012010	- Steeten,	1 = Yes
ARTHRO	Arthrodesis	0 = No
71111110	7 it throdesis	1 = Yes
GIRD	Girdlestone	0 = No
GIND	diruicstoric	1 = Yes
ARTHROS	Arthroscopy	0 = No
AMTIMOS	Липозсору	1 = Yes
MENISCE	Meniscectomy	0 = No
IVICINISCE	ivieniscectomy	0 = NO 1 = Yes
ACIDEC	ACI reconstruction	
ACLREC	ACL-reconstruction	0 = No
CVNOVET	Company	1 = Yes
SYNOVET	Synovectomy	0 = No
		1 = Yes

PATREALP	Patella realignment procedure	0 = No
OTHERRES	0.1	1 = Yes
OTHERPREO	Other previous operations?	0 = No
FIV	Finalian	1 = Yes
FIX	Fixation	0 = Uncemented
		1 = Hybrid
05144	161 1 1 1 1	2 = Cemented
CEMA	If hybrid, acetabulum	0 = No
OEN 4E	cemented	1 = Yes
CEMF	If hybrid, femur cemented	0 = No
CENT	If hadred within a recent of	1 = Yes
CEMT	If hybrid, tibia cemented	0 = No
CEN 4D	If he head was allowed as	1 = Yes
CEMP	If hybrid, patella cemented	0 = No
CEN ALICI		1 = Yes
CEMUSL	Lavage	0 = No
CENTICAL.	Manuscript (1911)	1 = Yes
CEMUSV	Vacuum (mix)	0 = No
051 11100		1 = Yes
CEMUSP	Pressurising	0 = No
		1 = Yes
MORECE	More than one type of cement	0 = No
	used	1 = Yes
FUS	Follow-up status	1 = Alive
		2 = Dead
20.40.4		3 = Unknown
SMOK	Current smoker	0 = No
•••		1 = Yes
ASA	American Society of	1 = Health person
	Anesthesiologists' Classification	2 = Mild systemic disease
		3 = Severe systematic disease
		4 = Severe systematic disease
		5 = A moribund person who is
		not expected to survive
		without the operation 6 = A declared brain-dead
		person whose organs are being
CHADN	Charpley score	removed for donor purposes 0 = Single joint with OA
CHARN	Charnley score	9
		1 = Bilateral joints with OA 2 = Previous total arthroplasty
		1
		on contralateral joint
		3 = Multiple joints affected with OA or chronic disease that
INF	Prosthesis related infection	affects quality of life 0 = No
IINF	Prostriesis related infection	
LENCTH	Longth (cm)	1 = Yes
LENGTH	Length (cm)	Centimeters
WEIGHT	Weight (kg)	Kilogram
BMI	Body mass index	kg/m² (2 decimals)
MAR	Marital status	1 = Single

Dain		2 = Married/ living together 3 = Divorced 4 = Widowed 5 = Living apart together (LAT) 9 = Other
Pain		
PAINREST	What is the amount of pain you have experienced in your joint the last week in rest?	Numeric 0 (no pain)-10 (very severe pain)
PAINACT	What is the amount of pain experienced in your joint in the last week during loading?	Numeric 0 (no pain)-10 (very severe pain)
Function		
FLEX	Flexion	Degrees
EXT	Extension	Degrees
ABD	Abduction	Degrees
ADD	Adduction	Degrees
EROT	External rotation	Degrees
IROT	Internal rotation	Degrees
SMWT	6-minute walk test	Meters
WOMAC score (general)		
WOMAC P1	How much pain do you have	0 = None
_	walking on flat surface	1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
WOMAC_P2	How much pain do you have	0 = None
_	going up or down stairs	1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
WOMAC_P3	How much pain do you have at	0 = None
	night while in bed	1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
WOMAC_P4	How much pain do you have	0 = None
	sitting or lying	1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
WOMAC_P5	How much pain do you have	0 = None
	standing upright	1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
WOMAC_S6	How severe is your stiffness	0 = None
	after first wakening in the	1 = Mild
	morning?	2 = Moderate
		3 = Severe

		4 = Extreme
WOMAC_S7	How severe is your stiffness	0 = None
_	after sitting, lying or resting	1 = Mild
	later in the day?	2 = Moderate
	1000 11	3 = Severe
		4 = Extreme
WOMAC_A8	What degree of difficulty do	0 = None
	you have descending stairs	1 = Mild
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2 = Moderate
		3 = Severe
		4 = Extreme
WOMAC_A9	What degree of difficulty do	0 = None
	you have ascending stairs	1 = Mild
	, and the second second	2 = Moderate
		3 = Severe
		4 = Extreme
WOMAC A10	What degree of difficulty do	0 = None
	you have rising from sitting	1 = Mild
	,	2 = Moderate
		3 = Severe
		4 = Extreme
WOMAC_A11	What degree of difficulty do	0 = None
	you have standing	1 = Mild
	, van nave stamanng	2 = Moderate
		3 = Severe
		4 = Extreme
WOMAC_A12	What degree of difficulty do	0 = None
-	you have bending to floor/pick	1 = Mild
	up an object	2 = Moderate
		3 = Severe
		4 = Extreme
WOMAC_A13	What degree of difficulty do	0 = None
	you have walking on flat	1 = Mild
	surface	2 = Moderate
		3 = Severe
		4 = Extreme
WOMAC_A14	What degree of difficulty do	0 = None
	you have getting in/out of car	1 = Mild
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2 = Moderate
		3 = Severe
		4 = Extreme
WOMAC_A15	What degree of difficulty do	0 = None
· <u> </u>	you have going shopping	1 = Mild
	,	2 = Moderate
		3 = Severe
		4 = Extreme
WOMAC_A16	What degree of difficulty do	0 = None
	you have putting on	1 = Mild
	socks/stockings	2 = Moderate
	2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	3 = Severe
		4 = Extreme
		. Extreme

WONAC A17	What degree of difficulty do	0 = None
WOMAC_A17	you have rising from bed	1 = Mild
	you have rising from bed	2 = Moderate
		3 = Severe
		4 = Extreme
WOMAC_A18	What degree of difficulty do	0 = None
MOMACTATO	you have taking off	1 = Mild
	socks/stockings	2 = Moderate
	socks/stockiligs	3 = Severe
		4 = Extreme
WOMAC_A19	What degree of difficulty do	0 = None
	you have lying in bed	1 = Mild
	you have lying in bea	2 = Moderate
		3 = Severe
		4 = Extreme
WOMAC_A20	What degree of difficulty do	0 = None
	you have getting in/out of bath	1 = Mild
	, - a nate getting m, out of butti	2 = Moderate
		3 = Severe
		4 = Extreme
WOMAC A21	What degree of difficulty do	0 = None
	you have sitting	1 = Mild
	, 3	2 = Moderate
		3 = Severe
		4 = Extreme
WOMAC_A22	What degree of difficulty do	0 = None
	you have getting on/off toilet	1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
WOMAC_A23	What degree of difficulty do	0 = None
	you have heavy domestic	1 = Mild
	duties (moving heavy boxes,	2 = Moderate
	scrubbing floors, etc)	3 = Severe
		4 = Extreme
WOMAC_A24	What degree of difficulty do	0 = None
	you have light domestic duties	1 = Mild
	(cooking, dusting, etc)	2 = Moderate
		3 = Severe
		4 = Extreme
Health related quality of life		
EQ-5D 3L		
EQ5D_1	Mobility	1 = I have no problems in
		walking about
		2 = I have some problems in
		walking about
		3 = I am confined to bed
EQ5D_2	Self-Care	1 = I have no problems with
		self-care
		2 = I have some problems
		washing or dressing myself

		3 = I am unable to wash or
		dress myself
EQ5D_3	Usual Activities (e.g. work,	1 = I have no problems with
	study, housework, family or	performing my usual activities
	leisure activities)	2 = I have some problems with
	reisare detivities,	performing my usual activities
		3 = I am unable to perform my
		usual activities
EQ5D_4	Pain/Discomfort	1 = I have no pain or discomfort
_	·	2 = I have moderate pain or
		discomfort
		3 = I have extreme pain or
		discomfort
EQ5D_5	Anxiety/Depression	1 = I am not anxious or
_	, ,	depressed
		2 = I am moderately anxious or
		depressed
		3 = I am extremely anxious or
		depressed
EQ5D_VAS	We would like you to indicate	0 (worst state) - 100 (best
	on this scale how good or bad	state)
	your own health is today, in	
	your opinion.	
EQ-5D 5L		
EQ5D5_1	Mobility	1 = I have no problems in
		walking about
		2 = I have slight problems in
		walking about
		3 = I have moderate problems
		in walking about
		4 = I have severe problems in
		walking about
	2.16.2	5 = I am unable to walk about
EQ5D5_2	Self-Care	1 = I have no problems with
		washing or dressing myself
		2 = I have slight problems in
		washing or dressing myself
		3 = I have moderate problems
		in washing or dressing myself
		4 = I have severe problems in
		washing or dressing myself
		5 = I am unable to wash or
EOEDE 2	House Activities to a work	dress myself
EQ5D5_3	Usual Activities (e.g. work,	1 = I have no problems doing
	study, housework, family or	my usual activities
	leisure activities)	2 = I have slight problems doing
		my usual activities
		3 = I have moderate problems
		doing my usual activities
		4 = I have severe problems
		doing my usual activities

		5 = I am unable to do my usual
		activities
EQ5D5_4	Pain/Discomfort	1 = I have no pain or discomfort
EQ5D5_4	Pain/Discomfort	· ·
		2 = I have slight pain or discomfort
		3 = I have moderate pain or
		discomfort
		4 = I have severe pain or
		discomfort
		5 = I have extreme pain or
		discomfort
EQ5D5_5	Anxiety/Depression	1 = I am not anxious or
		depressed
		2 = I am slightly anxious or
		depressed
		3 = I am moderately anxious or
		depressed
		4 = I am severely anxious or
		depressed
		5 = I am extremely anxious or
		depressed
EQ5D5_VAS	We would like you to indicate	0 (worst state) - 100 (best
	on this scale how good or bad	state)
	your own health is today, in	
	your opinion.	
SF-12 version 1		
SF12_1	In general, would you say your	1 = Excellent
_	health is:	2 = Very good
		3 = Good
		4 = Fair
		5 = Poor
SF12_2a	Does your health now limit you	1 = Yes, limited a lot
	in moderate activities, such as	2 = Yes, limited a little
	moving a table, pushing a	3 = No, not limited at all
	vacuum cleaner, bowling, or	
	playing golf? If so, how much?	
SF12_2b	Does your health now limit you	1 = Yes, limited a lot
	in climbing several flights of	2 = Yes, limited a little
	stairs? If so, how much?	3 = No, not limited at all
SF12_3a	During the past 4 weeks, have	1 = Yes
3.12_30	you had any of the following	2 = No
	problems with your work or	2 - 110
	other regular daily activities as	
	a result of your physical	
	1	
	health? Accomplished less than	
C542 2L	you would like?	4
SF12_3b	During the past 4 weeks, have	1 = Yes
Ĭ	you had any of the following	2 = No
	· · · · · · · · · · · · · · · · · · ·	
	problems with your work or	
	· · · · · · · · · · · · · · · · · · ·	

	health? Were limited in the	
	kind of work or other activities	
SF12_4a	During the past 4 weeks, have	1 = Yes
31 12_40	you had any of the following	2 = No
	problems with your work or	2 - 140
	other regular daily activities as	
	a result of any emotional	
	problems (such as feeling	
	depressed or anxious)?	
	Accomplished less than you	
	would like?	
SF12_4b	During the past 4 weeks, have	1 = Yes
31 12_10	you had any of the following	2 = No
	problems with your work or	2
	other regular daily activities as	
	a result of any emotional	
	problems (such as feeling	
	depressed or anxious)? Did	
	work or other activities less	
	carefully than usual?	
SF12_5	During the past 4 weeks, how	1 = Not at all
_	much did pain interfere with	2 = A little bit
	your normal work (including	3 = Moderately
	both work outside the home	4 = Quite a bit
	and housework)?	5 = Extremely
SF12_6a	How much of the time during	1 = All of the time
	the past 4 weeks have you	2 = Most of the time
	felt calm and peaceful?	3 = A good bit of the time
		4 = Some of the time
		5 = A little of the time
		6 = None of the time
SF12_6b	How much of the time during	1 = All of the time
	the past 4 weeks did you	2 = Most of the time
	have a lot of energy?	3 = A good bit of the time
		4 = Some of the time
		5 = A little of the time
CE42 C:		6 = None of the time
SF12_6c	How much of the time during	1 = All of the time
	the past 4 weeks have you	2 = Most of the time
	felt downhearted and blue?	3 = A good bit of the time
		4 = Some of the time
		5 = A little of the time 6 = None of the time
CF12 7	During the past 4 weeks have	
SF12_7	During the past 4 weeks, how	1 = All of the time 2 = Most of the time
	much of the time has your	3 = Some of the time
	physical health or emotional	4 = A little of the time
	problems interfered with your social activities (like visiting	5 = None of the time
	friends, relatives, etc.)?	3 - None of the time
SF-12 version 2	inenus, relatives, etc.):	
SF12_1	In general, would you say your	1 = Excellent
21 14_1	in general, would you say your	T - EVCEHELLE

	health is:	2 = Very good
	Health is.	3 = Good
		4 = Fair
		5 = Poor
SF12_2a	Does your health now limit you	1 = Yes, limited a lot
3F12_2d	in moderate activities, such as	2 = Yes, limited a little
	moving a table, pushing a	3 = No, not limited at all
	vacuum cleaner, bowling, or	3 - No, not innited at an
	playing golf? If so, how much?	
SF12_2b	Does your health now limit you	1 = Yes, limited a lot
31 12_20	in climbing several flights of	2 = Yes, limited a little
	stairs? If so, how much?	3 = No, not limited at all
SF12_3a	During the past 4 weeks, have	1 = All of the time
3F12_3d	you had any of the following	2 = Most of the time
	problems with your work or	3 = Some of the time
	other regular daily activities as	4 = A little of the time
	a result of your physical	5 = None of the time
	health? Accomplished less than	5 - Notice of the time
	you would like?	
SF12_3b	During the past 4 weeks, have	1 = All of the time
3112_30	you had any of the following	2 = Most of the time
	problems with your work or	3 = Some of the time
	other regular daily activities as	4 = A little of the time
	a result of your physical	5 = None of the time
	health? Were limited in the	3 - None of the time
	kind of work or other activities	
SF12_4a	During the past 4 weeks, have	1 = All of the time
0. ==	you had any of the following	2 = Most of the time
	problems with your work or	3 = Some of the time
	other regular daily activities as	4 = A little of the time
	a result of any emotional	5 = None of the time
	problems (such as feeling	
	depressed or anxious)?	
	Accomplished less than you	
	would like?	
SF12_4b	During the past 4 weeks, have	1 = All of the time
_	you had any of the following	2 = Most of the time
	problems with your work or	3 = Some of the time
	other regular daily activities as	4 = A little of the time
	a result of any emotional	5 = None of the time
	problems (such as feeling	
	depressed or anxious)? Did	
	work or other activities less	
	carefully than usual?	
SF12_5	During the past 4 weeks, how	1 = Not at all
	much did pain interfere with	2 = A little bit
	your normal work (including	3 = Moderately
	both work outside the home	4 = Quite a bit
	and housework)?	5 = Extremely
SF12_6a	How much of the time during	1 = All of the time
	the past 4 weeks have you	2 = Most of the time

	felt calm and peaceful?	3 = Some of the time
	Teit caim and peacerui!	4 = A little of the time
		5 = None of the time
SF12_6b	How much of the time during	1 = All of the time
31 12_00	the past 4 weeks did you	2 = Most of the time
	have a lot of energy?	3 = Some of the time
	liave a lot of effergy:	4 = A little of the time
		5 = None of the time
SF12_6c	How much of the time during	1 = All of the time
31 12_00	the past 4 weeks have you	2 = Most of the time
	felt downhearted and blue?	3 = Some of the time
	leit downnearted and bide:	4 = A little of the time
		5 = None of the time
SF12_7	During the past 4 weeks, how	1 = All of the time
3112_/	much of the time has your	2 = Most of the time
	physical health or emotional	3 = Some of the time
	problems interfered with your	4 = A little of the time
	social activities (like visiting	5 = None of the time
	friends, relatives, etc.)?	Trone or the time
SF-36 version 1		
SF36_1	In general, would you say your	1 = Excellent
3.30_1	health is:	2 = Very good
	Treatmis.	3 = Good
		4 = Fair
		5 = Poor
SF36_2	Compared to one year ago,	1 = Much better now than one
0.00_2	how would you rate your	year ago
	health in general now?	2 = Somewhat better now than
		one year ago
		3 = About the same
		4 = Somewhat worse now than
		one year ago
		5 = Much worse than one year
		ago
SF36_3a	The following items are about	1 = Yes, limited a lot
	activities you might do during a	2 = Yes, limited a little
	typical day. Does your health	3 = No, not limited at all
	now limit you in vigorous	
	activities, such as running,	
	lifting heavy objects,	
	participating in strenuous	
	sports?	
SF36_3b	The following items are about	1 = Yes, limited a lot
	activities you might do during a	2 = Yes, limited a little
	typical day. Does your health	3 = No, not limited at all
	now limit you in moderate	
	activities, such as moving a	
	table, pushing a vacuum	
	cleaner, bowling, or playing	
	cicarici, bowing, or playing	
	golf?	

	activities very maight also alconics	2 - Vac limited a little
	activities you might do during a	2 = Yes, limited a little
	typical day. Does your health	3 = No, not limited at all
	now limit you in lifting or	
CESC 34	carrying groceries?	1 Van linnikad - lat
SF36_3d	The following items are about	1 = Yes, limited a lot
	activities you might do during a	2 = Yes, limited a little
	typical day. Does your health	3 = No, not limited at all
	now limit you in climbing	
CFO.C. O	several flights of stairs?	4 7/ 1: 1: 1: 1:
SF36_3e	The following items are about	1 = Yes, limited a lot
	activities you might do during a	2 = Yes, limited a little
	typical day. Does your health	3 = No, not limited at all
	now limit you in climbing one	
cese st	flight of stairs?	4 Vaa linsitaala lat
SF36_3f	The following items are about	1 = Yes, limited a lot
	activities you might do during a	2 = Yes, limited a little
	typical day. Does your health	3 = No, not limited at all
	now limit you in bending,	
SE36 3a	kneeling, or stooping?	1 - Voc limited a let
SF36_3g	The following items are about	1 = Yes, limited a lot 2 = Yes, limited a little
	activities you might do during a	I
	typical day. Does your health	3 = No, not limited at all
	now limit you in Walking more than a mile?	
SF36_3h	The following items are about	1 = Yes, limited a lot
3130_311	activities you might do during a	2 = Yes, limited a little
	typical day. Does your health	3 = No, not limited at all
	now limit you in Walking	3 - No, not infliced at all
	several blocks?	
SF36_3i	The following items are about	1 = Yes, limited a lot
31 30_31	activities you might do during a	2 = Yes, limited a little
	typical day. Does your health	3 = No, not limited at all
	now limit you in Walking one	3 No, not inneca at an
	block?	
SF36_3j	The following items are about	1 = Yes, limited a lot
	activities you might do during a	2 = Yes, limited a little
	typical day. Does your health	3 = No, not limited at all
	now limit you in Bathing or	
	dressing yourself?	
SF36_4a	During the past 4 weeks, have	1 = Yes
	you had any of the following	2 = No
	problems with your work or	
	other regular daily activities as	
	a result of your physical	
	health? Cut down the amount	
	of time you spent on work or	
	other activities?	
SF36_4b	During the past 4 weeks, have	1 = Yes
	you had any of the following	2 = No
	problems with your work or	
	other regular daily activities as	
	and activities as	

	T	Т
	a result of your physical	
	health? Accomplished less than	
	you would like?	
SF36_4c	During the past 4 weeks, have	1 = Yes
	you had any of the following	2 = No
	problems with your work or	
	other regular daily activities as	
	a result of your physical	
	health? Were limited in the	
	kind of work or other	
	activities?	
SF36_4d	During the past 4 weeks, have	1 = Yes
	you had any of the following	2 = No
	problems with your work or	
	other regular daily activities as	
	a result of your physical	
	health? Had difficulty	
	performing the work or other	
	activities (for example, it took	
	extra effort)?	
SF36_5a	During the past 4 weeks, have	1 = Yes
3130_30	you had any of the following	2 = No
	problems with your work or	2 - 140
	other regular daily activities as	
	a result of any emotional	
	problems (such as feeling	
	depressed or anxious)? Cut	
	down the amount of time you	
	spent on work or other	
	activities	
SF36_5b		1 = Yes
3530_30	During the past 4 weeks, have you had any of the following	2 = No
	problems with your work or	2 - 110
	other regular daily activities as	
	a result of any emotional	
	problems (such as feeling	
	depressed or anxious)?	
	Accomplished less than you would like	
SE36 E6		1 = Yes
SF36_5c	During the past 4 weeks, have you had any of the following	2 = No
		2 - 110
	problems with your work or	
	other regular daily activities as	
	a result of any emotional	
	problems (such as feeling	
	depressed or anxious)? Didn't	
	do work or other activities as	
5536.6	carefully as usual	4 21
SF36_6	Emotional problems interfered	1 = Not at all
	with your normal social	2 = A little bit
	activities with family, friends,	3 = Moderately

	neighbors, or groups?	4 = Quite a bit
	incignitions, or groups:	5 = Extremely
SF36_7	How much bodily pain have	1 = None
3130_7	you had during the past 4	2 = Very mild
	weeks?	3 = Mild
	weeks!	4 = Moderate
		5 = Severe
		6 = Very Severe
SF36_8	During the past 4 weeks, how	1 = Not at all
3F30_6	much did pain interfere with	2 = A little bit
	your normal work (including	3 = Moderately
	both work outside the home	4 = Quite a bit
	and housework)?	5 = Extremely
SE36 00	·	•
SF36_9a	Did you feel full of pep during the last 4 weeks?	1 = All of the time
	the last 4 weeks?	2 = Most of the time
		3 = A good bit of the time
		4 = Some of the time
		5 = A little of the time
CFOC OL		6 = None of the time
SF36_9b	Have you been a very nervous	1 = All of the time
	person during the last 4 weeks?	2 = Most of the time
		3 = A good bit of the time
		4 = Some of the time
		5 = A little of the time
		6 = None of the time
SF36_9c	Have you felt so down in the	1 = All of the time
	dumps that nothing could	2 = Most of the time
	cheer you up during the last 4	3 = A good bit of the time
	weeks?	4 = Some of the time
		5 = A little of the time
		6 = None of the time
SF36_9d	Have you felt calm and	1 = All of the time
	peaceful during the last 4	2 = Most of the time
	weeks?	3 = A good bit of the time
		4 = Some of the time
		5 = A little of the time
		6 = None of the time
SF36_9e	Did you have a lot of energy	1 = All of the time
	during the last 4 weeks?	2 = Most of the time
		3 = A good bit of the time
		4 = Some of the time
		5 = A little of the time
		6 = None of the time
SF36_9f	Have you felt downhearted and	1 = All of the time
	blue during the last 4 weeks?	2 = Most of the time
		3 = A good bit of the time
		4 = Some of the time
		5 = A little of the time
		6 = None of the time
SF36_9g	Did you feel worn out during	1 = All of the time
	the last 4 weeks?	2 = Most of the time

		3 = A good bit of the time
		4 = Some of the time
		5 = A little of the time
		6 = None of the time
SF36_9h	Have you been a happy person	1 = All of the time
	during the last 4 weeks?	2 = Most of the time
		3 = A good bit of the time
		4 = Some of the time
		5 = A little of the time
		6 = None of the time
SF36_9i	Did you feel tired during the	1 = All of the time
	last 4 weeks?	2 = Most of the time
		3 = A good bit of the time
		4 = Some of the time
		5 = A little of the time
		6 = None of the time
SF36_10	During the past 4 weeks, how	1 = All of the time
_	much of the time has your	2 = Most of the time
	physical health or emotional	3 = Some of the time
	problems interfered with your	4 = A little of the time
	social activities (like visiting	5 = None of the time
	with friends, relatives, etc.)?	
SF36_11a	I seem to get sick a little easier	1 = Definitely true
_	than other people	2 = Mostly true
	The second people	3 = Don't know
		4 = Mostly false
		5 = Definitely false
SF36_11b	I am as healthy as anybody I	1 = Definitely true
5.55_115	know	2 = Mostly true
	N. O.	3 = Don't know
		4 = Mostly false
		5 = Definitely false
SF36_11c	I expect my health to get worse	1 = Definitely true
3/30_110	respect my neutin to get worse	2 = Mostly true
		3 = Don't know
		4 = Mostly false
		5 = Definitely false
SF36_11d	My health is excellent	1 = Definitely true
31 30_11u	iviy fleatti is excellent	2 = Mostly true
		3 = Don't know
		4 = Mostly false
		5 = Definitely false
		J - Definitely false
SF-36 version 2		
SF36_1	In general, would you say your	1 = Excellent
	health is:	2 = Very good
		3 = Good
		4 = Fair
		5 = Poor
SF36_2	Compared to one year ago,	1 = Much better now than one
_	how would you rate your	year ago
	, ,	

	health in general now?	2 = Somewhat better now than
	nearth in general now:	one year ago
		3 = About the same
		4 = Somewhat worse now than
		one year ago
		5 = Much worse than one year
CE2C 20	The fellouder items are the	ago
SF36_3a	The following items are about	1 = Yes, limited a lot
	activities you might do during a	2 = Yes, limited a little
	typical day. Does your health	3 = No, not limited at all
	now limit you in vigorous	
	activities, such as running,	
	lifting heavy objects,	
	participating in strenuous	
SE36 3h	sports?	1 - Voc limited a let
SF36_3b	The following items are about	1 = Yes, limited a lot
	activities you might do during a	2 = Yes, limited a little
	typical day. Does your health	3 = No, not limited at all
	now limit you in moderate	
	activities, such as moving a table, pushing a vacuum	
	cleaner, bowling, or playing	
SE36 3c	golf? The following items are about	1 - Vas limited a lot
SF36_3c	The following items are about	1 = Yes, limited a lot 2 = Yes, limited a little
	activities you might do during a	I -
	typical day. Does your health	3 = No, not limited at all
	now limit you in lifting or carrying groceries?	
SF36_3d	The following items are about	1 = Yes, limited a lot
31 30_3u 	activities you might do during a	2 = Yes, limited a little
	typical day. Does your health	3 = No, not limited at all
	now limit you in climbing	5 - NO, HOL IIIIILEU at all
	several flights of stairs?	
SF36_3e	The following items are about	1 = Yes, limited a lot
3, 30_36	activities you might do during a	2 = Yes, limited a little
	typical day. Does your health	3 = No, not limited at all
	now limit you in climbing one	5 – No, not minica at an
	flight of stairs?	
SF36_3f	The following items are about	1 = Yes, limited a lot
3.30_3.	activities you might do during a	2 = Yes, limited a little
	typical day. Does your health	3 = No, not limited at all
	now limit you in bending,	, mineca at an
	kneeling, or stooping?	
SF36_3g	The following items are about	1 = Yes, limited a lot
2.33_58	activities you might do during a	2 = Yes, limited a little
	typical day. Does your health	3 = No, not limited at all
	now limit you in Walking more	
	than a mile?	
SF36_3h	The following items are about	1 = Yes, limited a lot
5.55_5	activities you might do during a	2 = Yes, limited a little
	typical day. Does your health	3 = No, not limited at all
	Lypical day. Does your ficallif	5 - NO, HOL HITHLEU AL AH

	many limits you by NA/- Units -	
	now limit you in Walking several blocks?	
SF36_3i	The following items are about	1 = Yes, limited a lot
_	activities you might do during a	2 = Yes, limited a little
	typical day. Does your health	3 = No, not limited at all
	now limit you in Walking one	
	block?	
SF36_3j	The following items are about	1 = Yes, limited a lot
	activities you might do during a	2 = Yes, limited a little
	typical day. Does your health	3 = No, not limited at all
	now limit you in Bathing or	
	dressing yourself?	
SF36_4a	During the past 4 weeks, have	1 = All of the time
	you had any of the following	2 = Most of the time
	problems with your work or	3 = Some of the time
	other regular daily activities as	4 = A little of the time
	a result of your physical	5 = None of the time
	health? Cut down the amount	
	of time you spent on work or	
GEO.C. AL	other activities?	4 41 61 11
SF36_4b	During the past 4 weeks, have	1 = All of the time
	you had any of the following	2 = Most of the time
	problems with your work or	3 = Some of the time
	other regular daily activities as	4 = A little of the time
	a result of your physical health? Accomplished less than	5 = None of the time
	you would like?	
SF36_4c	During the past 4 weeks, have	1 = All of the time
3.30_10	you had any of the following	2 = Most of the time
	problems with your work or	3 = Some of the time
	other regular daily activities as	4 = A little of the time
	a result of your physical	5 = None of the time
	health? Were limited in the	
	kind of work or other	
	activities?	
SF36_4d	During the past 4 weeks, have	1 = All of the time
	you had any of the following	2 = Most of the time
	problems with your work or	3 = Some of the time
	other regular daily activities as	4 = A little of the time
	a result of your physical	5 = None of the time
	health? Had difficulty	
	performing the work or other	
	activities (for example, it took	
6526.5	extra effort)?	d All of the co
SF36_5a	During the past 4 weeks, have	1 = All of the time
	you had any of the following	2 = Most of the time
	problems with your work or	3 = Some of the time
	other regular daily activities as	4 = A little of the time
	a result of any emotional	5 = None of the time
	problems (such as feeling	
	depressed or anxious)? Cut	

	down the amount of time you spent on work or other activities	
SF36_5b	During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)? Accomplished less than you would like	1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time
SF36_5c	During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)? Didn't do work or other activities as carefully as usual	1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time
SF36_6	Emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?	1 = Not at all 2 = A little bit 3 = Moderately 4 = Quite a bit 5 = Extremely
SF36_7	How much bodily pain have you had during the past 4 weeks?	1 = None 2 = Very mild 3 = Mild 4 = Moderate 5 = Severe 6 = Very Severe
SF36_8	During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?	1 = Not at all 2 = A little bit 3 = Moderately 4 = Quite a bit 5 = Extremely
SF36_9a	Did you feel full of pep during the last 4 weeks?	1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time
SF36_9b	Have you been a very nervous person during the last 4 weeks?	1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time
SF36_9c	Have you felt so down in the dumps that nothing could cheer you up during the last 4	1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time

	weeks?	5 = None of the time
SF36_9d	Have you felt calm and peaceful during the last 4 weeks?	1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time
SF36_9e	Did you have a lot of energy during the last 4 weeks?	1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time
SF36_9f	Have you felt downhearted and blue during the last 4 weeks?	1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time
SF36_9g	Did you feel worn out during the last 4 weeks?	1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time
SF36_9h	Have you been a happy person during the last 4 weeks?	1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time
SF36_9i	Did you feel tired during the last 4 weeks?	1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time
SF36_10	During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?	1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time
SF36_11a	I seem to get sick a little easier than other people	1 = Definitely true 2 = Mostly true 3 = Don't know 4 = Mostly false 5 = Definitely false
SF36_11b	I am as healthy as anybody I know	1 = Definitely true 2 = Mostly true 3 = Don't know 4 = Mostly false 5 = Definitely false
SF36_11c	I expect my health to get worse	1 = Definitely true 2 = Mostly true 3 = Don't know 4 = Mostly false

		5 = Definitely false
SF36_11d	My health is excellent	1 = Definitely true
_	'	2 = Mostly true
		3 = Don't know
		4 = Mostly false
		5 = Definitely false
Hospital Anxiety and	Depression Score (HADS)	To Deminion, raise
HADS_A1	I feel tense or 'wound up':	3 = Most of the time
_		2 = A lot of the time
		1 = From time to time,
		occasionally
		0 = Not at all
HADS_D1	I still enjoy the things I used to	3 = Definitely as much
_	enjoy:	2 = Not quite so much
		1 = Only a little
		0 = Hardly at all
HADS_A2	I get a sort of frightened feeling	3 = Very definitely and quite
	as if something awful is about	badly
	to happen:	2 = Yes, but not too badly
		1 = A little, but it doesn't worry
		me
		0 = Not at all
HADS_D2	I can laugh and see the funny	0 = As much as I always could
	side of things:	1 = Not quite so much now
		2 = Definitely not so much now
		3 = Not at all
HADS_A3	Worrying thoughts go through	3 = A great deal of the time
	my mind:	2 = A lot of the time
		1 = From time to time, but not
		too often
		0 = Only occasionally
HADS_D3	I feel cheerful:	3 = Not at all
		2 = Not often
		1 = Sometimes
HADC AA		0 = Most of the time
HADS_A4	I can sit at ease and feel	0 = Definitely
	relaxed:	1 = Usually
		2 = Not Often
HADC D4	I fool on if I are alarmed down.	3 = Not at all
HADS_D4	I feel as if I am slowed down:	3 = Nearly all the time
		2 = Very often 1 = Sometimes
		0 = Not at all
HADS_A5	I get a sort of frightened feeling	0 = Not at all
ראַ־כּטאויו	like 'butterflies' in the stomach:	1 = Occasionally
	like butternies in the storidant.	2 = Quite Often
		3 = Very Often
HADS DE	I have lost interest in my	3 = Very Orten 3 = Definitely
HADS_D5	I have lost interest in my	2 = I don't take as much care as
	appearance:	I should
		1 = I may not take quite as

		much care
		0 = I take just as much care as
		ever
HADS_A6	I feel restless as I have to be on	3 = Very much indeed
11/102_70	the move:	2 = Quite a lot
	the move.	1 = Not very much
		0 = Not at all
HADS_D6	I look forward with enjoyment	0 = As much as I ever did
11AD3_D0	to things:	1 = Rather less than I used to
	to timigs.	2 = Definitely less than I used
		to
		3 = Hardly at all
HADS_A7	I get sudden feelings of panic:	3 = Very often indeed
HAD3_A7	r get sudden reenings of partic.	2 = Quite often
		1 = Not very often
		0 = Not at all
HADC D7	Lean aniou a good book or	0 = Not at all 0 = Often
HADS_D7	I can enjoy a good book or radio or TV program:	1 = Sometimes
	radio or TV program:	2 = Not often
		3 = Very seldom
Hip specific questionnaires		
	Outcome Score - Physical Function	
HOOSPS_1	Difficulty descending stairs	0 = None
		1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
HOOSPS_2	Difficulty getting in/out of bath	0 = None
	or shower	1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
HOOSPS_3	Difficulty sitting	0 = None
		1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
HOOSPS_4	Difficulty running	0 = None
		1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
HOOSPS_5	Difficulty twisting/pivoting on	0 = None
	your loaded leg	1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
Hip Injury and Osteoarthritis C	Outcome Score (HOOS)	
HOOS_S1	Do you feel grinding, hear	0 = Never
	clicking or any other type of	1 = Rarely
	noise from you hip?	2 = Sometimes
	1 noise from you mp:	2 301110111103

		3 = Often
		4 = Always
HOOS_S2	Difficulties spreading legs wide	0 = None
11003_32		1 = Mild
	apart	2 = Moderate
		3 = Severe
		4 = Extreme
HOOS_S3	Difficulties to stride out when	0 = None
11003_33	walking	1 = Mild
	wantiig	2 = Moderate
		3 = Severe
		4 = Extreme
HOOS_S4	How severe is your hip joint	0 = None
11003_34	stiffness after first wakening in	1 = Mild
	the morning?	2 = Moderate
	and morning.	3 = Severe
		4 = Extreme
HOOS_S5	How severe is your hip stiffness	0 = None
	after sitting, lying or resting	1 = Mild
	later in the day?	2 = Moderate
	and day.	3 = Severe
		4 = Extreme
HOOS_P1	How often is your hip painful?	0 = Never
	The traction of the traction o	1 = Monthly
		2 = Weekly
		3 = Daily
		4 = Always
HOOS_P2	Straightening your hip fully	0 = None
_		1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
HOOS_P3	Bending your hip fully	0 = None
		1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
HOOS_P4	Walking on flat surface	0 = None
		1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
HOOS_P5	Going up or down stairs	0 = None
		1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
HOOS_P6	At night while in bed	0 = None
		1 = Mild
		2 = Moderate
		3 = Severe

		4 = Extreme
HOOS_P7	Sitting or lying	0 = None
	5.5	1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
HOOS_P8	Standing upright	0 = None
	Starram & april 8 m	1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
HOOS_P9	Walking on a hard surface	0 = None
	(asphalt, concrete, etc.)	1 = Mild
	(aspirare, correcte) every	2 = Moderate
		3 = Severe
		4 = Extreme
HOOS_P10	Walking on an uneven surface	0 = None
	Training on an affecting sarrace	1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
HOOS_A1	Descending stairs	0 = None
	2 cocerrain 8 stairs	1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
HOOS_A2	Ascending stairs	0 = None
	, isosinaming stams	1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
HOOS_A3	Rising from sitting	0 = None
		1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
HOOS_A4	Standing	0 = None
_		1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
HOOS_A5	Bending to floor/pick up an	0 = None
_	object	1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
HOOS_A6	Walking on flat surface	0 = None
_	, and the second	1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
HOOS_A6	Walking on flat surface	0 = None 1 = Mild 2 = Moderate 3 = Severe

HOOS_A7	Getting in/out of car	0 = None
11003_A7	Getting in/out of car	1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
HOOS_A8	Going shopping	0 = None
11003_A8	Coming Shopping	1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
HOOS_A9	Putting on socks/stockings	0 = None
11003_7.5	Tatting on society stockings	1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
HOOS_A10	Rising from bed	0 = None
		1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
HOOS_A11	Taking off socks/stockings	0 = None
		1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
HOOS_A12	Lying in bed (turning over,	0 = None
_	maintaining hip position)	1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
HOOS_A13	Getting in/out of bath/ shower	0 = None
		1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
HOOS_A14	Sitting	0 = None
		1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
HOOS_A15	Getting on/off toilet	0 = None
		1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
HOOS_A16	Heavy domestic duties (moving	0 = None
	heavy boxes, scrubbing floors,	1 = Mild
	etc)	2 = Moderate
		3 = Severe
		4 = Extreme
HOOS_A17	Light domestic duties (cooking,	0 = None

	dusting otal	1 – Mild
	dusting, etc)	1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
HOOS_SP1	Squatting	0 = None
		1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
HOOS_SP2	Running	0 = None
		1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
HOOS_SP3	Twisting/pivoting on your	0 = None
_	injured knee	1 = Mild
	,	2 = Moderate
		3 = Severe
		4 = Extreme
HOOS_SP4	Walking on uneven surface	0 = None
	Training on uneven surface	1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
HOOS_Q1	How often are you aware of	0 = Never
11003_Q1	your hip problem?	1 = Monthly
	your mp problem:	2 = Weekly
		•
		3 = Daily
11005 03	Have you we addied a confiden	4 = Constantly
HOOS_Q2	Have you modified your life	0 = Not at all
	style to avoid potentially	1 = Mildly
	damaging activities to your	2 = Moderately
	hip?	3 = Severely
11000 00%		4 = Totally
HOOS_Q3*	How confident are you in using	0 = Totally
	your hip?	1 = Severely
		2 = Moderately
		3 = Mildly
		4 = Not at all
HOOS_Q4	In general, how much difficulty	0 = None
	do you have with your hip?	1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
*Different order of answers		
Oxford Hip Score (OHS) (Dutch	n order)	
OHS_1	How would you describe the	4 = None
<u>-</u> -	pain you usually have in your	3 = Very mild
	hip? (Engl version Q1)	2 = Mild
		1 = Moderate
		0 = Severe
	1	U - Jevele

OHS 3	Have you had any travella with	4 = No trouble at all
OHS_2	Have you had any trouble with	
	washing and drying yourself (all	3 = Very little trouble
	over) because of your hip?	2 = Moderate trouble
	(Engl version Q10)	1 = Extreme difficulty
22		0 = Impossible to do
OHS_3	Have you had any trouble	4 = No trouble at all
	getting in and out of a car or	3 = Very little trouble
	using public transportation	2 = Moderate trouble
	because of your hip? (Engl	1 = Extreme difficulty
	version Q9)	0 = Impossible to do
OHS_4	Have you been able to put on a	4 = Yes, easily
	pair of socks, stockings or	3 = With little difficulty
	tights? (Engl version Q7)	2 = With moderate difficulty
		1 = With extreme difficulty
		0 = No, impossible
OHS_5	Could you do the household	4 = Yes, easily
	shopping on your own? (Engl	3 = With little difficulty
	version Q11)	2 = With moderate difficulty
		1 = With extreme difficulty
		0 = No, impossible
OHS_6	For how long have you been	4 = No pain for 30 minutes or
_	able to walk before the pain in	more
	your hip becomes severe (with	3 = 16 to 30 minutes
	or without a walking aid)? (Engl	2 = 5 to 15 minutes
	version Q5)	1 = Around the house only
	,	0 = Not at all
OHS_7	Have you been able to climb a	4 = Yes, easily
_	flight of stairs? (Engl version	3 = With little difficulty
	Q6)	2 = With moderate difficulty
		1 = With extreme difficulty
		0 = No, impossible
OHS_8	After a meal (sat at a table),	4 = Not at all painful
<u>-</u>	how painful has it been for you	3 = Slightly painful
	to stand up from a chair	2 = Moderately painful
	because of your hip? (Engl	1 = Very painful
	version Q8)	0 = Unbearable
OHS_9	Have you been limping when	4 = Rarely/never
	walking because of your hip?	3 = Sometimes or just at first
	(Engl version Q4)	2 = Often, not just at first
	(Lingi Version CA)	1 = Most of the time
		0 = All of the time
OHS_10	Have you had any sudden,	4 = No days
0113_10	severe pain-' shooting ',	-
		3 = Only 1 or 2 days
	'stabbing', or 'spasms' from	2 = Some days
	your affected hip? (Engl version	1 = Most days
0.10. 44	Q3)	0 = Every day
OHS_11	How much has pain from your	4 = Not at all
	hip interfered with your usual	3 = A little bit
	work, including housework?	2 = Moderately
	(Engl version Q12)	1 = Greatly
		0 = Totally

OHS_12	Have you been troubled by	4 = No nights
0113_12	pain from your hip in bed at	3 = Only 1 or 2 nights
	night? (Engl version Q2)	2 = Some nights
		1 = Most nights
		0 = Every night
Harris Hip Score (HHS)		
HHS_PAIN	Pain	0 = None, or ignores it
		1 = Slight, occasional, no
		compromise in activity
		2 = Mild pain, no effect on
		average activities, rarely
		moderate pain with unusual
		activity, may take aspirin
		3 = Moderate pain, tolerable
		but makes concessions to pain.
		Some limitations of ordinary
		activity or work. May require
		occasional pain medication
		stronger than aspirin 4 = Marked pain, serious
		limitation of activities
		5 = Totally disabled, crippled,
		pain in bed, bedridden
HHS_LIMP	Limp	0 = None
11113_211111	2	1 = Slight
		2 = Moderate
		3 = Severe
HHS_SUP	Support	0 = None
_		1 = Cane/Walking stick for long
		walks
		2 = Cane/Walking stick most of
		the time
		3 = One crutch
		4 = Two Canes/Walking sticks
		5 = Two crutches or not able to
		walk
HHS_DIST	Distance walked	0 = Unlimited
		1 = 1 km
		2 = 500 m
		3 = Indoors only
HHC STAID	Stairs	4 = Bed and chair only 0 = Normally without using a
HHS_STAIR	Stalls	railing
		1 = Normally using a railing
		2 = In any manner
		3 = Unable to do stairs
HHS_ACT	Activities - shoes, socks	0 = With ease
	3	1 = With difficulty
		2 = Unable to fit or tie
HHS_SIT	Sitting	0 = Comfortably, ordinary chair
1-2-11		for one hour
	1	

		1 = On a high chair for 30
		minutes
		2 = Unable to sit comfortably on any chair
LUIC DT	Dublic transportation	•
HHS_PT	Public transportation	0 = Able to use transportation
		(bus)
		1 = Unable to use public
		transportation (bus)
HHS_AD_FF	Less than 30 degrees of fixed	0 = No
	flexion	1 = Yes
HHS_AD_AC	Less than 10 degrees abduction	0 = No
	contracture	1 = Yes
HHS_AD_EC	Less than 10 degrees	0 = No
	endorotation contracture in	1 = Yes
	extension	
HHS_AD_LD	Limb length discrepancy less	0 = No
	than 3.2 cm (1.5 inches)	1 = Yes
HHS_MOB_FLEX	Total degrees of Flexion	Degrees
HHS_MOB_ABD	Total degrees of Abduction	Degrees
HHS_MOB_ADD	Total degrees of Adduction	Degrees
HHS_MOB_EXR	Total degrees of Exorotation	Degrees
	Rotation in extension	
HHS_MOB_EXT	Total degrees of Endorotation	Degrees
	in extension	
Total_MOB_ROM	Mobilityscore (SUM of MOB	Degrees
	questions)	
WOMAC score (hip)	,	
WOMACH_S1	Do you feel grinding, hear	0 = Never
	clicking or any other type of	1 = Rarely
	noise from you hip?	2 = Sometimes
	monoc monn you mp.	3 = Often
		4 = Always
WOMACH S2	Difficulties spreading legs wide	0 = None
W 01V1/1C11_32	apart	1 = Mild
	μαραιτ	2 = Moderate
		3 = Severe
	I .	, , _)CVCIC
WOMACH 53	Difficulties to stride out when	4 = Extreme
WOMACH_S3	Difficulties to stride out when	4 = Extreme 0 = None
WOMACH_S3	Difficulties to stride out when walking	4 = Extreme 0 = None 1 = Mild
WOMACH_S3		4 = Extreme 0 = None 1 = Mild 2 = Moderate
WOMACH_S3		4 = Extreme 0 = None 1 = Mild 2 = Moderate 3 = Severe
_	walking	4 = Extreme 0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
WOMACH_S3 WOMACH_S4	walking How severe is your hip joint	4 = Extreme 0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme 0 = None
_	How severe is your hip joint stiffness after first wakening in	4 = Extreme 0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme 0 = None 1 = Mild
_	walking How severe is your hip joint	4 = Extreme 0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme 0 = None 1 = Mild 2 = Moderate
_	How severe is your hip joint stiffness after first wakening in	4 = Extreme 0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme 0 = None 1 = Mild
_	How severe is your hip joint stiffness after first wakening in the morning?	4 = Extreme 0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme 0 = None 1 = Mild 2 = Moderate
_	How severe is your hip joint stiffness after first wakening in the morning? How severe is your hip stiffness	4 = Extreme 0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme 0 = None 1 = Mild 2 = Moderate 3 = Severe
WOMACH_S4	How severe is your hip joint stiffness after first wakening in the morning?	4 = Extreme 0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme 0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
WOMACH_S4	How severe is your hip joint stiffness after first wakening in the morning? How severe is your hip stiffness	4 = Extreme 0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme 0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme 0 = None 1 = Mind 2 = Moderate 3 = Severe 4 = Extreme 0 = None

		4 = Extreme
WOMACH_P1	How often is your hip painful?	0 = Never
_	, , , , ,	1 = Monthly
		2 = Weekly
		3 = Daily
		4 = Always
WOMACH_P2	Straightening your hip fully	0 = None
	3,11	1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
WOMACH_P3	Bending your hip fully	0 = None
- · · - ·	5 5 7 7	1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
WOMACH_P4	Walking on flat surface	0 = None
		1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
WOMACH_P5	Going up or down stairs	0 = None
	compaper activities	1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
WOMACH_P6	At night while in bed	0 = None
		1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
WOMACH_P7	Sitting or lying	0 = None
		1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
WOMACH_P8	Standing upright	0 = None
		1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
WOMACH_P9	Walking on a hard surface	0 = None
	(asphalt, concrete, etc)	1 = Mild
	(12) 210, 2210, 230,	2 = Moderate
		3 = Severe
		4 = Extreme
WOMACH_P10	Walking on an uneven surface	0 = None
	Training on an arreven sarrace	1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
		. Extreme

WOMACH_A1	Descending stairs	0 = None
WOMACH_AI	Descending stairs	1 = Mild
		2 = Moderate
		3 = Severe
MONANCILIA	A conding string	4 = Extreme
WOMACH_A2	Ascending stairs	0 = None
		1 = Mild
		2 = Moderate
		3 = Severe
NACONA A CILL A 2	District for an elithing	4 = Extreme
WOMACH_A3	Rising from sitting	0 = None
		1 = Mild
		2 = Moderate
		3 = Severe
NACONA A CILL A A	Chan din a	4 = Extreme
WOMACH_A4	Standing	0 = None
		1 = Mild
		2 = Moderate
		3 = Severe
\\(\O\A\A\C\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Desilies to floor/aid and	4 = Extreme
WOMACH_A5	Bending to floor/pick up an	0 = None
	object	1 = Mild
		2 = Moderate
		3 = Severe
NO. 44 CH. 4 C)	4 = Extreme
WOMACH_A6	Walking on flat surface	0 = None
		1 = Mild
		2 = Moderate
		3 = Severe
\\(\rm \)	Calling in the Landau	4 = Extreme
WOMACH_A7	Getting in/out of car	0 = None
		1 = Mild
		2 = Moderate
		3 = Severe
MONANCII AR	Coing shanning	4 = Extreme
WOMACH_A8	Going shopping	0 = None 1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
WOMACH_A9	Putting on socks/stockings	0 = None
WOWACII_A3	i diting on socks/stockings	1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
WOMACH_A10	Rising from bed	0 = None
AAOINIACU_ATO	uisiiig iroiii ned	1 = Mild
		2 = Moderate
		3 = Severe
MONANCII A11	Taking off cooks/stackings	4 = Extreme
WOMACH_A11	Taking off socks/stockings	0 = None

		1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
WOMACH_A12	Lying in bed (turning over,	0 = None
	maintaining hip position)	1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
WOMACH_A13	Getting in/out of bath	0 = None
		1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
WOMACH_A14	Sitting	0 = None
_		1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
WOMACH_A15	Getting on/off toilet	0 = None
	a seeming any and a seeming	1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
WOMACH_A16	Heavy domestic duties (moving	0 = None
**************************************	heavy boxes, scrubbing floors,	1 = Mild
	etc.)	2 = Moderate
	(200.)	3 = Severe
		4 = Extreme
WOMACH_A17	Light domestic duties (cooking,	0 = None
WOMACH_A17	dusting, etc.)	1 = Mild
	dusting, etc.)	2 = Moderate
		3 = Severe
		4 = Extreme
Knee specific question	*****	4 - Extreme
		1' Ch! F (KOOC BC)
	rthritis Outcome Score - Physical Funct	· · · · · · · · · · · · · · · · · · ·
KOOSPS_1	Rising from bed	0 = None
		1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
KOOSPS_2	Putting on sock/stockings	0 = None
		1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
KOOSPS_3	Rising from a chair	0 = None
		1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme

KOOSPS_4	Bending to the floor	0 = None
KOO3F3_4	bending to the noor	1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
KOOSPS_5	Twisting/pivoting on your	0 = None
KOO3F3_3	injured knee	1 = Mild
	Injured Knee	2 = Moderate
		3 = Severe
		4 = Extreme
KOOSPS_6	Kneeling	0 = None
NGG313_0	Micening	1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
KOOSPS_7	Squatting	0 = None
		1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
Knee injury and Osteoarthritis	Outcome Score (KOOS)	
KOOS_S1	Do you have swelling in your	0 = Never
NGG5_51	knee?	1 = Rarely
	inice.	2 = Sometimes
		3 = Often
		4 = Always
KOOS_S2	Do you feel grinding, hear	0 = Never
	clicking or any other type of	1 = Rarely
	noise when your knee moves?	2 = Sometimes
	,	3 = Often
		4 = Always
KOOS_S3	Does your knee catch or hang	0 = Never
_	up when moving?	1 = Rarely
		2 = Sometimes
		3 = Often
		4 = Always
KOOS_S4*	Can you straighten your knee	0 = Always
	fully?	1 = Often
		2 = Sometimes
		3 = Rarely
		4 = Never
KOOS_S5*	Can you bend your knee fully?	0 = Always
		1 = Often
		2 = Sometimes
		3 = Rarely
		4 = Never
KOOS_S6	How severe is your knee joint	0 = None
	stiffness after first wakening in	1 = Mild
	the morning?	2 = Moderate
		3 = Severe
		4 = Extreme

KOOS_S7	How severe is your knee	0 = None
KOO3_37	stiffness after sitting, lying or	1 = Mild
		2 = Moderate
	resting later in the day?	3 = Severe
		4 = Extreme
KOOS D1	Have often de veu eventiones	0 = Never
KOOS_P1	How often do you experience	
	knee pain?	1 = Monthly
		2 = Weekly
		3 = Daily
KOOC D3	Turistics / sinsting on your lease	4 = Always 0 = None
KOOS_P2	Twisting/pivoting on your knee	
		1 = Mild
		2 = Moderate
		3 = Severe
W000 B0		4 = Extreme
KOOS_P3	Straightening knee fully	0 = None
		1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
KOOS_P4	Bending knee fully	0 = None
		1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
KOOS_P5	Walking on flat surface	0 = None
		1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
KOOS_P6	Going up or down stairs	0 = None
		1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
KOOS_P7	At night while in bed	0 = None
		1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
KOOS_P8	Sitting or lying	0 = None
		1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
KOOS_P9	Standing upright	0 = None
		1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
KOOS_A1	Descending stairs	0 = None

Lamilid 2			1
Note			1 = Mild
A = Extreme			
ROOS_A2			
ROOS_A3	KOOS_A2	Ascending stairs	
ROOS_A3			
Rising from sitting			
KOOS_A3 Rising from sitting 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme Noos_A6 Walking on flat surface None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme Noos_A7 Getting in/out of car O = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme Noos_A8 Going shopping O = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme Extreme Noos_A9 Putting on socks/stockings O = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme Extreme Noos_A10 Rising from bed O = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme Noos_A10 Rising from bed O = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme Noos_A10 Rising from bed O = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme Noos_A10 Rising from bed O = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme Noos_A10 Rising from bed O = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme Noos_A10 Noone 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme Noos_A11 Noone Noo			
1 = Mild 2 = Moderate 3 = Severe 4 = Extreme			
KOOS_A4 KOOS_A4 Standing O = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme KOOS_A5 Bending to floor/pick up an object I = Mild 2 = Moderate 3 = Severe 4 = Extreme KOOS_A6 Walking on flat surface Walking on flat surface O = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme KOOS_A6 Walking on flat surface O = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme KOOS_A7 Getting in/out of car O = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme KOOS_A8 Going shopping O = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme KOOS_A8 Fooing shopping O = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme KOOS_A9 Putting on socks/stockings O = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme KOOS_A9 Rising from bed O = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme KOOS_A10 Rising from bed O = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme KOOS_A10 Rising from bed O = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme 4 = Extreme KOOS_A10 Taking off socks/stockings O = None	KOOS_A3	Rising from sitting	
Note			
KOOS_A4 Standing Standing O = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme KOOS_A5 Bending to floor/pick up an object I = Mild 2 = Moderate 3 = Severe 4 = Extreme KOOS_A6 Walking on flat surface O = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme KOOS_A6 Walking on flat surface O = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme KOOS_A7 Getting in/out of car O = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme KOOS_A8 Going shopping O = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme KOOS_A8 Futting on socks/stockings O = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme KOOS_A9 Putting on socks/stockings O = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme KOOS_A9 Rising from bed O = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme KOOS_A10 Rising from bed O = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme KOOS_A10 Rising from bed O = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme KOOS_A10 Rising from bed O = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme KOOS_A10 Rising from bed O = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme KOOS_A10 Rising from bed O = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme KOOS_A10 Rising from bed O = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme			
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KOOS_A11			2 = Moderate
KOOS_A11 Taking off socks/stockings 0 = None			3 = Severe
			4 = Extreme
	KOOS_A11	Taking off socks/stockings	0 = None
			1 = Mild

		2 = Moderate
		3 = Severe
		4 = Extreme
KOOS_A12	Lying in bed (turning over,	0 = None
	maintaining knee position)	1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
KOOS_A13	Getting in/out of bath/shower	0 = None
		1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
KOOS_A14	Sitting	0 = None
		1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
KOOS_A15	Getting on/off toilet	0 = None
_		1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
KOOS_A16	Heavy domestic duties (moving	0 = Never
	heavy boxes, scrubbing floors,	1 = Rarely
	etc)	2 = Sometimes
		3 = Often
		4 = Always
KOOS_A17	Light domestic duties (cooking,	0 = Never
	dusting, etc)	1 = Rarely
		2 = Sometimes
		3 = Often
		4 = Always
KOOS_SP1	Squatting	0 = None
	Jagatting	1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
KOOS SB3	Punning	0 = None
KOOS_SP2	Running	
		1 = Mild 2 = Moderate
		3 = Severe
KOOC CD3	Lucania	4 = Extreme
KOOS_SP3	Jumping	0 = None
		1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
KOOS_SP4	Twisting/pivoting on your	0 = None
	injured knee	1 = Mild
		2 = Moderate

		3 = Severe
		4 = Extreme
KOOS_SP5	Kneeling	0 = None
KOO3_3P3	Kileeling	1 = Mild
		2 = Moderate
		3 = Severe
V000 04		4 = Extreme
KOOS_Q1	How often are you aware of	0 = Never
	your knee problem?	1 = Monthly
		2 = Weekly
		3 = Daily
V005 03	The second of the description	4 = Constantly
KOOS_Q2	Have you modified your life	0 = Not at all
	style to avoid potentially	1 = Mildly
	damaging activities to your	2 = Moderately
	knee?	3 = Severely
		4 = Totally
KOOS_Q3*	How confident are you in using	0 = Totally
	your knee?	1 = Severely
		2 = Moderately
		3 = Mildly
		4 = Not at all
KOOS_Q4	In general, how much difficulty	0 = None
	do you have with your knee?	1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
*Different order of answers		
Oxford knee score (OKS)		
OKS_1	How would you describe the	4 = None
	pain you usually have from	3 = Very mild
	your knee?	2 = Mild
		1 = Moderate
		0 = Severe
OKS_2	Have you had any trouble with	4 = No trouble at all
	washing and drying yourself	3 = Very little trouble
	(all over) because of your	2 = Moderate trouble
	knee?	1 = Extreme difficulty
		0 = Impossible to do
OKS_3	Have you had any trouble	4 = No trouble at all
	getting in and out of a car or	3 = Very little trouble
	using public transport because	2 = Moderate trouble
	of your knee? (whichever you	1 = Extreme difficulty
	would tend to use)	0 = Impossible to do
OKS_4	For how long have you been	4 = No pain for 30 minutes or
	able to walk before pain from	more
	your knee becomes severe?	3 = 16 to 30 minutes
	(with or without a stick)	2 = 5 to 15 minutes
		1 = Around the house only
		0 = Not at all
		0 - NOL at all

	harmataful bar ti b	2 Cliebah C I
	how painful has it been for you	3 = Slightly painful
	to stand up from a chair	2 = Moderately painful
	because of your knee?	1 = Very painful
		0 = Unbearable
OKS_6	Have you been limping when	4 = Rarely/never
	walking, because of your knee?	3 = Sometimes, or just at first
		2 = Often, not just at first
		1 = Most of the time
		0 = All of the time
OKS_7	Could you kneel down and get	4 = Yes, easily
	up again afterwards?	3 = With little difficulty
		2 = With moderate difficulty
		1 = With extreme difficulty
		0 = No, impossible
OKS_8	Have you been troubled by	4 = No nights
_	pain from your knee in bed at	3 = Only 1 or 2 nights
	night?	2 = Some nights
		1 = Most nights
		0 = Every night
OKS_9	How much has pain from your	4 = Not at all
<u>-</u> -	knee interfered with your usual	3 = A little bit
	work (including housework)?	2 = Moderately
		1 = Greatly
		0 = Totally
OKS_10	Have you felt that your knee	4 = Rarely/never
0.10_25	might suddenly 'give way' or let	3 = Sometimes, or just at first
	you down?	2 = Often, not just at first
	you down.	1 = Most of the time
		0 = All of the time
OKS_11	Could you do the household	4 = Yes, easily
0.10_11	shopping on your own?	3 = With little difficulty
	Shopping on your own.	2 = With moderate difficulty
		1 = With extreme difficulty
		0 = No, impossible
OKS_12	Could you walk down one flight	4 = Yes, easily
OK3_12	of stairs?	3 = With little difficulty
	Or stalls:	2 = With moderate difficulty
		· 1
		1 = With extreme difficulty
Vnag godiety gode (VCC)		0 = No, impossible
Knee society score (KSS)	Daire	O. None
KSS_PAIN	Pain	0 = None
		1 = Mild/Occasional
		2 = Mild (Stairs only)
		3 = Mild (Walkind and Stairs
		4 = Moderate - Occasional
		5 = Moderate - Continual
		6 = Severe
KSS_WALK	Walking	0 = Unlimited
		1 = >1000 m
		2 = 500-1000 m
		3 = <500 m

		4 = Housebound
		5 = Unable
VCC CTAID	Stairs	
KSS_STAIR	Stairs	0 = Normal Up and down
		1 = Normal Up down with rail
		2 = Up and down with rail
		3 = Up with rail, down unable
VCC AID	Malling aid:	4 = Unable
KSS_AID	Walking aids used	0 = None used
		1 = Use of Cane/Walking stick
		deduct
		2 = Two Canes/sticks
WGC AD	Challette (NA	3 = Crutches or frame
KSS_AP	Stability (Maximum movement	0 = <5 mm
	in any position) - Antero-	1 = 5-10 mm
	posterior	2 = >10 mm
KSS_ML	Stability (Maximum movement	0 = <5°
	in any position) - Mediolateral	1 = 6-9°
		2 = 10-14°
		3 = 15°
KSS_FLEX	Flexion	
KSS_EXT	Extension	
KSS_EXTI	Extension interval	
KSS_TRF	Total range of flexion	
KSS_1TRE	Total range of extension	
KSS_ALIG	Alignment (Varus & Valgus)	
IKDC Subjective knee evaluation	on form	
IKDC 1	What is the highest level of	0 = Very strenuous activities
_	activity that you can perform	like jumping or pivoting as in
	without significant knee pain?	basketball or soccer
		1 = Strenuous activities like
		heavy physical work, skiing or
		tennis
		2 = Moderate activities like
		moderate physical work,
		running or jogging
		3 = Light activities like walking,
		housework or yard work
		4 = Unable to perform any of
		the above activities due to
		knee pain
IKDC_2	During the past 4 weeks, or	Range 0 (never)-10 (constant)
	since your injury, how often	Tange o (never) to (constant)
	have you had pain?	
IKDC_3	If you have pain, how severe is	Range 0 (no pain)-10 (worst
INDC_3	it?	pain)
IKDC 4		0 = Not at all
IKDC_4	During the past 4 weeks, or	
	since your injury, how stiff or	1 = Mildly
	swollen was your knee?	2 = Moderately
		3 = Very
1400 5	Add to the last to	4 = Extremely
IKDC_5	What is the highest level of	0 = Very strenuous activities

IKDC_6	activity you can perform without significant swelling in your knee? During the past 4 weeks, or	like jumping or pivoting as in basketball or soccer 1 = Strenuous activities like heavy physical work, skiing or tennis 2 = Moderate activities like moderate physical work, running or jogging 3 = Light activities like walking, housework or yard work 4 = Unable to perform any of the above activities due to knee pain 0 = Yes
INDC_0	since your injury, did your knee lock or catch?	1 = No
IKDC_7	What is the highest level of activity you can perform without significant giving way in your knee?	0 = Very strenuous activities like jumping or pivoting as in basketball or soccer 1 = Strenuous activities like heavy physical work, skiing or tennis 2 = Moderate activities like moderate physical work, running or jogging 3 = Light activities like walking, housework or yard work 4 = Unable to perform any of the above activities due to knee instability
IKDC_8	What is the highest level of activity you can participate in on a regular basis?	0 = Very strenuous activities like jumping or pivoting as in basketball or soccer 1 = Strenuous activities like heavy physical work, skiing or tennis 2 = Moderate activities like moderate physical work, running or jogging 3 = Light activities like walking, housework or yard work 4 = Unable to perform any of the above activities due to knee pain
IKDC_9a	How does your knee affect your ability to: Go up stairs	0 = No difficulty 1 = Minimal difficulty 2 = Moderate difficulty 3 = Extreme difficulty 4 = Unable to do
IKDC_9b	How does your knee affect your ability to: Go down stairs	0 = No difficulty 1 = Minimal difficulty

		2 - Madarata difficulty
		2 = Moderate difficulty
		3 = Extreme difficulty
		4 = Unable to do
IKDC_9c	How does your knee affect	0 = No difficulty
	your ability to: Kneel on the	1 = Minimal difficulty
	front of your knee	2 = Moderate difficulty
		3 = Extreme difficulty
		4 = Unable to do
IKDC_9d	How does your knee affect	0 = No difficulty
	your ability to: Squat	1 = Minimal difficulty
		2 = Moderate difficulty
		3 = Extreme difficulty
		4 = Unable to do
IKDC_9e	How does your knee affect	0 = No difficulty
_	your ability to: Sit with your	1 = Minimal difficulty
	knee bent	2 = Moderate difficulty
		3 = Extreme difficulty
		4 = Unable to do
IKDC_9f	How does your knee affect	0 = No difficulty
	your ability to: Rise from a	1 = Minimal difficulty
	chair	2 = Moderate difficulty
	Chan	3 = Extreme difficulty
		4 = Unable to do
IKDC_9g	How does your knee affect	0 = No difficulty
IKDC_3g	your ability to: Run straight	1 = Minimal difficulty
	ahead	2 = Moderate difficulty
	aneau	3 = Extreme difficulty
		4 = Unable to do
IKDC_9h	How does your knee affect	0 = No difficulty
INDC_911	your ability to: Jump and land	1 = Minimal difficulty
	on your involved leg	2 = Moderate difficulty
	on your involved leg	•
		3 = Extreme difficulty
WD 0 0'		4 = Unable to do
IKDC_9i	How does your knee affect	0 = No difficulty
	your ability to: Stop and start	1 = Minimal difficulty
	quickly	2 = Moderate difficulty
		3 = Extreme difficulty
		4 = Unable to do
IKDC_10a	Function prior to knee injury	Range 0 (cannot perform ADL) -
		10 (no limitation of ADL)
IKDC_10b	Current function of your knee	Range 0 (cannot perform ADL) -
		10 (no limitation of ADL)
WOMAC score (knee)		
WOMACK_S1	Do you have swelling in your	0 = Never
	knee?	1 = Rarely
		2 = Sometimes
		3 = Often
		4 = Always
WOMACK_S2	Do you feel grinding, hear	0 = Never
	clicking or any other type of	1 = Rarely
	noise when your knee moves?	2 = Sometimes
	Holse when your knee Hoves!	2 - JUINCUINES

		3 = Often
		4 = Always
WOMACK_S3	Does your knee catch or hang	0 = Never
WOWACK_33	up when moving?	1 = Rarely
	up when moving:	2 = Sometimes
		3 = Often
		4 = Always
WOMACK_S4	Can you straighten your knee	0 = Never
WOWACK_34	fully?	1 = Rarely
	Tuny:	2 = Sometimes
		3 = Often
		4 = Always
WOMACK_S5	Can you bend your knee fully?	0 = Never
**************************************	can you bend your knee runy.	1 = Rarely
		2 = Sometimes
		3 = Often
		4 = Always
WOMACK_S6	How severe is your knee joint	0 = None
	stiffness after first wakening in	1 = Mild
	the morning?	2 = Moderate
		3 = Severe
		4 = Extreme
WOMACK_S7	How severe is your knee	0 = None
	stiffness after sitting, lying or	1 = Mild
	resting later in the day?	2 = Moderate
	,	3 = Severe
		4 = Extreme
WOMACK_P1	How often do you experience	0 = Never
	knee pain?	1 = Monthly
		2 = Weekly
		3 = Daily
		4 = Always
WOMACK_P2	Twisting/pivoting on your knee	0 = None
		1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
WOMACK_P3	Straightening knee fully	0 = None
		1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
WOMACK_P4	Bending knee fully	0 = None
		1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
WOMACK_P5	Walking on flat surface	0 = None
		1 = Mild
		2 = Moderate
		3 = Severe

		4 = Extreme
WOMACK P6	Going up or down stairs	0 = None
_		1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
WOMACK_P7	At night while in bed	0 = None
		1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
WOMACK_P8	Sitting or lying	0 = None
	oreang or 17mg	1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
WOMACK_P9	Standing upright	0 = None
WOWACK_I 5	Standing aprignt	1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
WOMACK_A1	Descending stairs	0 = None
WOWACK_AI	Descending stairs	1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
WOMACK_A2	Ascending stairs	0 = None
WOWACK_AZ	Ascending stairs	1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
WOMACK_A3	Rising from sitting	0 = None
WOWACK_AS	KISHIR HOTH SILLING	1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
WOMACK_A4	Standing	0 = None
WOWACK_A4	Standing	1 = Mild
		2 = Moderate
		3 = Severe
NA/ONAACI/ AF	Danding to floor/gigle on an	4 = Extreme
WOMACK_A5	Bending to floor/pick up an	0 = None
	object	1 = Mild
		2 = Moderate
		3 = Severe
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	AACH : C	4 = Extreme
WOMACK_A6	Walking on flat surface	0 = None
		1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme

WOMACK_A7	Cotting in/out of car	0 = None
WOWACK_A7	Getting in/out of car	1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
WOMACK_A8	Going shopping	0 = None
		1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
WOMACK_A9	Putting on socks/stockings	0 = None
		1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
WOMACK_A10	Rising from bed	0 = None
		1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
WOMACK_A11	Taking off socks/stockings	0 = None
		1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
WOMACK_A12	Lying in bed (turning over,	0 = None
	maintaining hip position)	1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
WOMACK_A13	Getting in/out of bath	0 = None
_		1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
WOMACK_A14	Sitting	0 = None
_		1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
WOMACK_A15	Getting on/off toilet	0 = None
		1 = Mild
		2 = Moderate
		3 = Severe
		4 = Extreme
WOMACK_A16	Heavy domestic duties (moving	0 = None
AAOIAIVOK VIO	heavy boxes, scrubbing floors,	1 = Mild
		2 = Moderate
	etc)	3 = Severe
MONANCY A17	Light desception duties (see 100)	4 = Extreme
WOMACK_A17	Light domestic duties (cooking,	0 = None

dusting, etc)	1 = Mild
	2 = Moderate
	3 = Severe
	4 = Extreme