Codebook hip/ knee orthopaedic research databases

Initiative
S.N. Hofstede, M.G.J. Gademan, P.J. Marang-van de Mheen on behalf of the Arthrose Research Group Orthopedie Nederland (ARGON)

In collaboration with
The Dutch Arthroplasty Register (LROI)
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Funding
The Dutch Reumatology Association

More information
E. argon@lumc.nl
W. www.artroseresearch.nl
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 hip and knee. 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.
<table>
<thead>
<tr>
<th>Variable name</th>
<th>Label</th>
<th>Values</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>General information</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IDH</td>
<td>Hospital ID</td>
<td></td>
</tr>
<tr>
<td>IDPTN</td>
<td>Patient ID</td>
<td></td>
</tr>
</tbody>
</table>
| 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  
9 = Other |
| AJOINTOTHER | If other, specify | |
| TJOINT | For which joint is the patient under treatment? | 1 = Hip  
2 = Knee  
3 = Ankle  
4 = Shoulder  
5 = Elbow  
6 = Wrist  
9 = Other |
| TJOINTOTHER | If other, specify | |
| SIDE | Which side of the body? | 1 = Right  
2 = Left |
| DOS | Date of surgery | yyyy/mm/dd |
| SYEAR | Year of surgery | yyyy |
| SMONTH | Month of surgery | mm |
| SDUR | Duration of surgery | minutes |
| DOR | Date of Revision | yyyy/mm/dd |
| RYEAR | Year of revision | yyyy |
| 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  
1 = Posttraumatic |
| OKTYP   | Type of surgery | 1 = Primary  
|         |                | 2 = Revision |
| PROSTH  | Prosthesis Hip  | 0 = Total hipprosthesis (THP)  
|         |                | 1 = Hemiprosthes  
|         |                | 2 = Resurfacing  
|         |                | 9 = Other |
| PROSTK  | Prosthesis Knee | 0 = Unicondylar kneeprosthesis  
|         |                | 1 = Total kneeprosthesis (TKP)  
|         |                | 2 = Patellofemoral kneeprosthesis  
|         |                | 9 = Other |
| OTHPRO  | If other prosthesis, specify | 0 = No  
|         |                | 1 = Yes, autograft  
|         |                | 2 = Yes, allograft  
|         |                | 3 = Yes, combination of both |
| 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 | 0 = No  
|         |                | 1 = Yes |
| BONEG   | Bonegraft used  | 0 = No  
|         |                | 1 = Yes, autograft  
|         |                | 2 = Yes, allograft  
|         |                | 3 = Yes, combination of both |
| PREOP   | Operations before primary hip or knee implant | 0 = No  
|         |                | 1 = Yes |
| OSTEOSY | Osteosynthesis  | 0 = No  
|         |                | 1 = Yes |
| OSTEOTO | Osteotomy       | 0 = No  
|         |                | 1 = Yes |
| ARTHRO  | Arthrodesis     | 0 = No  
|         |                | 1 = Yes |
| GRID    | Girdlestone     | 0 = No  
|         |                | 1 = Yes |
| ARTHROS | Arthroscopy     | 0 = No  
|         |                | 1 = Yes |
| MENISCE | Meniscectomy    | 0 = No  
|         |                | 1 = Yes |
| ACLREC  | ACL-reconstruction | 0 = No  
|         |                | 1 = Yes |
| SYNOVET | Synovectomy     | 0 = No  
<p>|         |                | 1 = Yes |</p>
<table>
<thead>
<tr>
<th>Variable</th>
<th>Description</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>PATREALP</td>
<td>Patella realignment procedure</td>
<td>0 = No, 1 = Yes</td>
</tr>
<tr>
<td>OTHERPREO</td>
<td>Other previous operations?</td>
<td>0 = No, 1 = Yes</td>
</tr>
<tr>
<td>FIX</td>
<td>Fixation</td>
<td>0 = Uncemented, 1 = Hybrid, 2 = Cemented</td>
</tr>
<tr>
<td>CEMA</td>
<td>If hybrid, acetabulum cemented</td>
<td>0 = No, 1 = Yes</td>
</tr>
<tr>
<td>CEMF</td>
<td>If hybrid, femur cemented</td>
<td>0 = No, 1 = Yes</td>
</tr>
<tr>
<td>CEMT</td>
<td>If hybrid, tibia cemented</td>
<td>0 = No, 1 = Yes</td>
</tr>
<tr>
<td>CEMP</td>
<td>If hybrid, patella cemented</td>
<td>0 = No, 1 = Yes</td>
</tr>
<tr>
<td>CEMUSL</td>
<td>Lavage</td>
<td>0 = No, 1 = Yes</td>
</tr>
<tr>
<td>CEMUSV</td>
<td>Vacuum (mix)</td>
<td>0 = No, 1 = Yes</td>
</tr>
<tr>
<td>CEMUSP</td>
<td>Pressurising</td>
<td>0 = No, 1 = Yes</td>
</tr>
<tr>
<td>MORECE</td>
<td>More than one type of cement used</td>
<td>0 = No, 1 = Yes</td>
</tr>
<tr>
<td>FUS</td>
<td>Follow-up status</td>
<td>1 = Alive, 2 = Dead, 3 = Unknown</td>
</tr>
<tr>
<td>SMOK</td>
<td>Current smoker</td>
<td>0 = No, 1 = Yes</td>
</tr>
<tr>
<td>ASA</td>
<td>American Society of Anesthesiologists' Classification</td>
<td>1 = Health person, 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 removed for donor purposes</td>
</tr>
<tr>
<td>CHARN</td>
<td>Charnley score</td>
<td>0 = Single joint with OA, 1 = Bilateral joints with OA, 2 = Previous total arthroplasty on contralateral joint, 3 = Multiple joints affected with OA or chronic disease that affects quality of life</td>
</tr>
<tr>
<td>INF</td>
<td>Prosthesis related infection</td>
<td>0 = No, 1 = Yes</td>
</tr>
<tr>
<td>LENGTH</td>
<td>Length (cm)</td>
<td>Centimeters</td>
</tr>
<tr>
<td>WEIGHT</td>
<td>Weight (kg)</td>
<td>Kilogram</td>
</tr>
<tr>
<td>BMI</td>
<td>Body mass index</td>
<td>kg/m² (2 decimals)</td>
</tr>
<tr>
<td>MAR</td>
<td>Marital status</td>
<td>1 = Single</td>
</tr>
<tr>
<td>Marital Status</td>
<td>Description</td>
<td></td>
</tr>
<tr>
<td>----------------</td>
<td>-------------</td>
<td></td>
</tr>
<tr>
<td>2 = Married/ living together</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 = Divorced</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 = Widowed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 = Living apart together (LAT)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 = Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Pain

<table>
<thead>
<tr>
<th>Pain</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAINREST</td>
<td>What is the amount of pain you have experienced in your joint the last week in rest?</td>
</tr>
<tr>
<td>Numeric 0 (no pain)-10 (very severe pain)</td>
<td></td>
</tr>
<tr>
<td>PAINACT</td>
<td>What is the amount of pain experienced in your joint in the last week during loading?</td>
</tr>
<tr>
<td>Numeric 0 (no pain)-10 (very severe pain)</td>
<td></td>
</tr>
</tbody>
</table>

### Function

<table>
<thead>
<tr>
<th>Function</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>FLEX</td>
<td>Flexion</td>
</tr>
<tr>
<td>EXT</td>
<td>Extension</td>
</tr>
<tr>
<td>ABD</td>
<td>Abduction</td>
</tr>
<tr>
<td>ADD</td>
<td>Adduction</td>
</tr>
<tr>
<td>EROT</td>
<td>External rotation</td>
</tr>
<tr>
<td>IROT</td>
<td>Internal rotation</td>
</tr>
<tr>
<td>SMWT</td>
<td>6-minute walk test</td>
</tr>
<tr>
<td>Degrees</td>
<td>Meters</td>
</tr>
</tbody>
</table>

### WOMAC score (general)

<table>
<thead>
<tr>
<th>WOMAC_P1</th>
<th>How much pain do you have walking on flat surface</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = None</td>
<td></td>
</tr>
<tr>
<td>1 = Mild</td>
<td></td>
</tr>
<tr>
<td>2 = Moderate</td>
<td></td>
</tr>
<tr>
<td>3 = Severe</td>
<td></td>
</tr>
<tr>
<td>4 = Extreme</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WOMAC_P2</th>
<th>How much pain do you have going up or down stairs</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = None</td>
<td></td>
</tr>
<tr>
<td>1 = Mild</td>
<td></td>
</tr>
<tr>
<td>2 = Moderate</td>
<td></td>
</tr>
<tr>
<td>3 = Severe</td>
<td></td>
</tr>
<tr>
<td>4 = Extreme</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WOMAC_P3</th>
<th>How much pain do you have at night while in bed</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = None</td>
<td></td>
</tr>
<tr>
<td>1 = Mild</td>
<td></td>
</tr>
<tr>
<td>2 = Moderate</td>
<td></td>
</tr>
<tr>
<td>3 = Severe</td>
<td></td>
</tr>
<tr>
<td>4 = Extreme</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WOMAC_P4</th>
<th>How much pain do you have sitting or lying</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = None</td>
<td></td>
</tr>
<tr>
<td>1 = Mild</td>
<td></td>
</tr>
<tr>
<td>2 = Moderate</td>
<td></td>
</tr>
<tr>
<td>3 = Severe</td>
<td></td>
</tr>
<tr>
<td>4 = Extreme</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WOMAC_P5</th>
<th>How much pain do you have standing upright</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = None</td>
<td></td>
</tr>
<tr>
<td>1 = Mild</td>
<td></td>
</tr>
<tr>
<td>2 = Moderate</td>
<td></td>
</tr>
<tr>
<td>3 = Severe</td>
<td></td>
</tr>
<tr>
<td>4 = Extreme</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WOMAC_S6</th>
<th>How severe is your stiffness after first wakening in the morning?</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = None</td>
<td></td>
</tr>
<tr>
<td>1 = Mild</td>
<td></td>
</tr>
<tr>
<td>2 = Moderate</td>
<td></td>
</tr>
<tr>
<td>3 = Severe</td>
<td></td>
</tr>
<tr>
<td>WOMAC_S7</td>
<td>How severe is your stiffness after sitting, lying or resting later in the day?</td>
</tr>
<tr>
<td>----------</td>
<td>--------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>0 = None</td>
<td>1 = Mild</td>
</tr>
<tr>
<td>WOMAC_A8</td>
<td>What degree of difficulty do you have descending stairs</td>
</tr>
<tr>
<td>0 = None</td>
<td>1 = Mild</td>
</tr>
<tr>
<td>WOMAC_A9</td>
<td>What degree of difficulty do you have ascending stairs</td>
</tr>
<tr>
<td>0 = None</td>
<td>1 = Mild</td>
</tr>
<tr>
<td>WOMAC_A10</td>
<td>What degree of difficulty do you have rising from sitting</td>
</tr>
<tr>
<td>0 = None</td>
<td>1 = Mild</td>
</tr>
<tr>
<td>WOMAC_A11</td>
<td>What degree of difficulty do you have standing</td>
</tr>
<tr>
<td>0 = None</td>
<td>1 = Mild</td>
</tr>
<tr>
<td>WOMAC_A12</td>
<td>What degree of difficulty do you have bending to floor/pick up an object</td>
</tr>
<tr>
<td>0 = None</td>
<td>1 = Mild</td>
</tr>
<tr>
<td>WOMAC_A13</td>
<td>What degree of difficulty do you have walking on flat surface</td>
</tr>
<tr>
<td>0 = None</td>
<td>1 = Mild</td>
</tr>
<tr>
<td>WOMAC_A14</td>
<td>What degree of difficulty do you have getting in/out of car</td>
</tr>
<tr>
<td>0 = None</td>
<td>1 = Mild</td>
</tr>
<tr>
<td>WOMAC_A15</td>
<td>What degree of difficulty do you have going shopping</td>
</tr>
<tr>
<td>0 = None</td>
<td>1 = Mild</td>
</tr>
<tr>
<td>WOMAC_A16</td>
<td>What degree of difficulty do you have putting on socks/stockings</td>
</tr>
<tr>
<td>0 = None</td>
<td>1 = Mild</td>
</tr>
</tbody>
</table>
| WOMAC_A17 | What degree of difficulty do you have rising from bed | 0 = None  
1 = Mild  
2 = Moderate  
3 = Severe  
4 = Extreme |
| WOMAC_A18 | What degree of difficulty do you have taking off socks/stockings | 0 = None  
1 = Mild  
2 = Moderate  
3 = Severe  
4 = Extreme |
| WOMAC_A19 | What degree of difficulty do you have lying in bed | 0 = None  
1 = Mild  
2 = Moderate  
3 = Severe  
4 = Extreme |
| WOMAC_A20 | What degree of difficulty do you have getting in/out of bath | 0 = None  
1 = Mild  
2 = Moderate  
3 = Severe  
4 = Extreme |
| WOMAC_A21 | What degree of difficulty do you have sitting | 0 = None  
1 = Mild  
2 = Moderate  
3 = Severe  
4 = Extreme |
| WOMAC_A22 | What degree of difficulty do you have getting on/off toilet | 0 = None  
1 = Mild  
2 = Moderate  
3 = Severe  
4 = Extreme |
| WOMAC_A23 | What degree of difficulty do you have heavy domestic duties (moving heavy boxes, scrubbing floors, etc) | 0 = None  
1 = Mild  
2 = Moderate  
3 = Severe  
4 = Extreme |
| WOMAC_A24 | What degree of difficulty do you have light domestic duties (cooking, dusting, etc) | 0 = None  
1 = Mild  
2 = Moderate  
3 = Severe  
4 = Extreme |

**Health related quality of life**

**EQ-5D 3L**

| EQSD_1   | Mobility | 1 = I have no problems in walking about  
2 = I have some problems in walking about  
3 = I am confined to bed |
| EQSD_2   | Self-Care | 1 = I have no problems with self-care  
2 = I have some problems washing or dressing myself |
<table>
<thead>
<tr>
<th>EQ5D_3</th>
<th>Usual Activities (e.g. work, study, housework, family or leisure activities)</th>
<th>3 = I am unable to wash or dress myself</th>
</tr>
</thead>
<tbody>
<tr>
<td>EQ5D_4</td>
<td>Pain/Discomfort</td>
<td>1 = I have no problems with performing my usual activities</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 = I have some problems with performing my usual activities</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 = I am unable to perform my usual activities</td>
</tr>
<tr>
<td>EQ5D_5</td>
<td>Anxiety/Depression</td>
<td>1 = I am not anxious or depressed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 = I am moderately anxious or depressed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 = I am extremely anxious or depressed</td>
</tr>
<tr>
<td>EQ5D_VAS</td>
<td>We would like you to indicate on this scale how good or bad your own health is today, in your opinion.</td>
<td>0 (worst state) - 100 (best state)</td>
</tr>
<tr>
<td>EQ5D_1</td>
<td>Mobility</td>
<td>1 = I have no problems in walking about</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 = I have slight problems in walking about</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 = I have moderate problems in walking about</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4 = I have severe problems in walking about</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5 = I am unable to walk about</td>
</tr>
<tr>
<td>EQ5D_2</td>
<td>Self-Care</td>
<td>1 = I have no problems with washing or dressing myself</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 = I have slight problems in washing or dressing myself</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 = I have moderate problems in washing or dressing myself</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4 = I have severe problems in washing or dressing myself</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5 = I am unable to wash or dress myself</td>
</tr>
<tr>
<td>EQ5D_3</td>
<td>Usual Activities (e.g. work, study, housework, family or leisure activities)</td>
<td>1 = I have no problems doing my usual activities</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 = I have slight problems doing my usual activities</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 = I have moderate problems doing my usual activities</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4 = I have severe problems doing my usual activities</td>
</tr>
</tbody>
</table>
| EQ5D_4       | Pain/Discomfort | 1 = I have no pain or 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  
| EQ5D_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  
| EQ5D_VAS    | We would like you to indicate on this scale how good or bad your own health is today, in your opinion. | 0 (worst state) - 100 (best state)  

**SF-12 version 1**

| SF12_1      | In general, would you say your health is: | 1 = Excellent  
|             |                                         | 2 = Very good  
|             |                                         | 3 = Good  
|             |                                         | 4 = Fair  
|             |                                         | 5 = Poor  
| SF12_2a     | Does your health now limit you in moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf? If so, how much? | 1 = Yes, limited a lot  
|             |                                         | 2 = Yes, limited a little  
|             |                                         | 3 = No, not limited at all  
| SF12_2b     | Does your health now limit you in climbing several flights of stairs? If so, how much? | 1 = Yes, limited a lot  
|             |                                         | 2 = Yes, limited a little  
|             |                                         | 3 = No, not limited at all  
| SF12_3a     | 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 your physical health? Accomplished less than you would like? | 1 = Yes  
|             |                                         | 2 = No  
| SF12_3b     | 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 your physical health? Accomplished less than you would like? | 1 = Yes  
|             |                                         | 2 = No  

<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
</tr>
</thead>
</table>
| SF12_4a: 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 = Yes  
2 = No |
| SF12_4b: 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)? Did work or other activities less carefully than usual? | 1 = Yes  
2 = No |
| SF12_5: 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 |
| SF12_6a: How much of the time during the past 4 weeks... have you felt calm and peaceful? | 1 = All of the time  
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 |
| SF12_6b: How much of the time during the past 4 weeks... did you have a lot of energy? | 1 = All of the time  
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 |
| SF12_6c: How much of the time during the past 4 weeks... have you felt downhearted and blue? | 1 = All of the time  
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 |
| SF12_7: During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting 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 |
<p>| SF12_1: In general, would you say your health? Were limited in the kind of work or other activities | 1 = Excellent |</p>
<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
</tr>
</thead>
</table>
| SF12_2a Does your health now limit you in moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf? If so, how much? | 1 = Yes, limited a lot  
2 = Yes, limited a little  
3 = No, not limited at all |
| SF12_2b Does your health now limit you in climbing several flights of stairs? If so, how much? | 1 = Yes, limited a lot  
2 = Yes, limited a little  
3 = No, not limited at all |
| SF12_3a 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 your physical health? 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 |
| SF12_3b 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 your physical health? Were limited in the kind of work or other activities | 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 |
| SF12_4a 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 |
| SF12_4b 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)? Did work or other activities less carefully than 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 |
| SF12_5 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 |
| SF12_6a How much of the time during the past 4 weeks... have you | 1 = All of the time  
2 = Most of the time |
| SF12_6b | How much of the time during the past 4 weeks... did you have a lot of energy? | 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 |
| SF12_6c | How much of the time during the past 4 weeks... have you felt downhearted and blue? | 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 |
| SF12_7  | During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting 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_1  | In general, would you say your health is: | 1 = Excellent  
2 = Very good  
3 = Good  
4 = Fair  
5 = Poor |
| SF36_2  | Compared to one year ago, how would you rate your health in general now? | 1 = Much better now than one year ago  
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 activities you might do during a typical day. Does your health now limit you in vigorous activities, such as running, lifting heavy objects, participating in strenuous sports? | 1 = Yes, limited a lot  
2 = Yes, limited a little  
3 = No, not limited at all |
| SF36_3b | The following items are about activities you might do during a typical day. Does your health now limit you in moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf? | 1 = Yes, limited a lot  
2 = Yes, limited a little  
3 = No, not limited at all |
<p>| SF36_3c | The following items are about | 1 = Yes, limited a lot |</p>
<table>
<thead>
<tr>
<th>SF36_3d</th>
<th>The following items are about activities you might do during a typical day. Does your health now limit you in lifting or carrying groceries?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes, limited a lot</td>
</tr>
<tr>
<td>2</td>
<td>Yes, limited a little</td>
</tr>
<tr>
<td>3</td>
<td>No, not limited at all</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SF36_3e</th>
<th>The following items are about activities you might do during a typical day. Does your health now limit you in climbing several flights of stairs?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes, limited a lot</td>
</tr>
<tr>
<td>2</td>
<td>Yes, limited a little</td>
</tr>
<tr>
<td>3</td>
<td>No, not limited at all</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SF36_3f</th>
<th>The following items are about activities you might do during a typical day. Does your health now limit you in climbing one flight of stairs?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes, limited a lot</td>
</tr>
<tr>
<td>2</td>
<td>Yes, limited a little</td>
</tr>
<tr>
<td>3</td>
<td>No, not limited at all</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SF36_3g</th>
<th>The following items are about activities you might do during a typical day. Does your health now limit you in bending, kneeling, or stooping?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes, limited a lot</td>
</tr>
<tr>
<td>2</td>
<td>Yes, limited a little</td>
</tr>
<tr>
<td>3</td>
<td>No, not limited at all</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SF36_3h</th>
<th>The following items are about activities you might do during a typical day. Does your health now limit you in Walking more than a mile?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes, limited a lot</td>
</tr>
<tr>
<td>2</td>
<td>Yes, limited a little</td>
</tr>
<tr>
<td>3</td>
<td>No, not limited at all</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SF36_3i</th>
<th>The following items are about activities you might do during a typical day. Does your health now limit you in Walking several blocks?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes, limited a lot</td>
</tr>
<tr>
<td>2</td>
<td>Yes, limited a little</td>
</tr>
<tr>
<td>3</td>
<td>No, not limited at all</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SF36_3j</th>
<th>The following items are about activities you might do during a typical day. Does your health now limit you in Bathing or dressing yourself?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes, limited a lot</td>
</tr>
<tr>
<td>2</td>
<td>Yes, limited a little</td>
</tr>
<tr>
<td>3</td>
<td>No, not limited at all</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SF36_4a</th>
<th>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 your physical health? Cut down the amount of time you spent on work or other activities?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SF36_4b</th>
<th>During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
</tbody>
</table>
| SF36_4c | 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 your physical health? Were limited in the kind of work or other activities? | 1 = Yes  
2 = No |
| SF36_4d | 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 your physical health? Had difficulty performing the work or other activities (for example, it took extra effort)? | 1 = Yes  
2 = No |
| SF36_5a | 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)? Cut down the amount of time you spent on work or other activities | 1 = Yes  
2 = No |
| 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 = Yes  
2 = No |
| 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 = Yes  
2 = No |
| SF36_6 | Emotional problems interfered with your normal social activities with family, friends, | 1 = Not at all  
2 = A little bit  
3 = Moderately |
| 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 = A good bit of the time  
4 = Some of the time  
5 = A little of the time  
6 = 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 = 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 dumbs that nothing could cheer you up during the last 4 weeks? | 1 = All of the time  
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_9d  | Have you felt calm and peaceful during the last 4 weeks? | 1 = All of the time  
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_9e  | Did you have a lot of energy during the last 4 weeks? | 1 = All of the time  
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 blue during the last 4 weeks? | 1 = All of the time  
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 the last 4 weeks? | 1 = All of the time  
2 = Most of the time |
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
</table>
| Have you been a happy person during the last 4 weeks?                    | 1 = All of the time  
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 |
| Did you feel tired during the last 4 weeks?                             | 1 = All of the time  
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 |
| 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 |
| 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 |
| I am as healthy as anybody I know                                       | 1 = Definitely true  
2 = Mostly true  
3 = Don't know  
4 = Mostly false  
5 = Definitely false |
| I expect my health to get worse                                          | 1 = Definitely true  
2 = Mostly true  
3 = Don't know  
4 = Mostly false  
5 = Definitely false |
| My health is excellent                                                  | 1 = Definitely true  
2 = Mostly true  
3 = Don't know  
4 = Mostly false  
5 = Definitely false |

**SF-36 version 2**

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
</table>
| In general, would you say your health is:                               | 1 = Excellent  
2 = Very good  
3 = Good  
4 = Fair  
5 = Poor |
<p>| Compared to one year ago, how would you rate your health                | 1 = Much better now than one year ago |</p>
<table>
<thead>
<tr>
<th>SF36_3a</th>
<th>The following items are about activities you might do during a typical day. Does your health now limit you in vigorous activities, such as running, lifting heavy objects, participating in strenuous sports?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 = Yes, limited a lot</td>
<td>2 = Yes, limited a little</td>
</tr>
<tr>
<td>3 = No, not limited at all</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SF36_3b</th>
<th>The following items are about activities you might do during a typical day. Does your health now limit you in moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 = Yes, limited a lot</td>
<td>2 = Yes, limited a little</td>
</tr>
<tr>
<td>3 = No, not limited at all</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SF36_3c</th>
<th>The following items are about activities you might do during a typical day. Does your health now limit you in lifting or carrying groceries?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 = Yes, limited a lot</td>
<td>2 = Yes, limited a little</td>
</tr>
<tr>
<td>3 = No, not limited at all</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SF36_3d</th>
<th>The following items are about activities you might do during a typical day. Does your health now limit you in climbing several flights of stairs?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 = Yes, limited a lot</td>
<td>2 = Yes, limited a little</td>
</tr>
<tr>
<td>3 = No, not limited at all</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SF36_3e</th>
<th>The following items are about activities you might do during a typical day. Does your health now limit you in climbing one flight of stairs?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 = Yes, limited a lot</td>
<td>2 = Yes, limited a little</td>
</tr>
<tr>
<td>3 = No, not limited at all</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SF36_3f</th>
<th>The following items are about activities you might do during a typical day. Does your health now limit you in bending, kneeling, or stooping?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 = Yes, limited a lot</td>
<td>2 = Yes, limited a little</td>
</tr>
<tr>
<td>3 = No, not limited at all</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SF36_3g</th>
<th>The following items are about activities you might do during a typical day. Does your health now limit you in Walking more than a mile?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 = Yes, limited a lot</td>
<td>2 = Yes, limited a little</td>
</tr>
<tr>
<td>3 = No, not limited at all</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SF36_3h</th>
<th>The following items are about activities you might do during a typical day. Does your health now limit you in vigorous activities, such as running, lifting heavy objects, participating in strenuous sports?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 = Yes, limited a lot</td>
<td>2 = Yes, limited a little</td>
</tr>
<tr>
<td>3 = No, not limited at all</td>
<td></td>
</tr>
<tr>
<td>Question</td>
<td>Scale</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| SF36_3i Now limit you in Walking several blocks?                        | 1 = Yes, limited a lot  
                           2 = Yes, limited a little  
                           3 = No, not limited at all                                      |
| SF36_3j The following items are about activities you might do during a typical day. Does your health now limit you in Walking one block? | 1 = Yes, limited a lot  
                           2 = Yes, limited a little  
                           3 = No, not limited at all                                      |
| SF36_4a 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 your physical health? Cut down the amount of time you spent on work or other activities? | 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_4b 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 your physical health? 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_4c 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 your physical health? Were limited in the kind of work or other activities? | 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_4d 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 your physical health? Had difficulty performing the work or other activities (for example, it took extra effort)? | 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_5a 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)? Cut | 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_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 weeks? | 1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little 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 |
<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
<th>Options</th>
</tr>
</thead>
</table>
| 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)**         |                                                                                                                                                                                                            |                                                                                           |
| 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 enjoy:                                                                                                                                                                    | 3 = Definitely as much  
2 = Not quite so much  
1 = Only a little  
0 = Hardly at all                                               |
| HADS_A2           | I get a sort of frightened feeling as if something awful is about to happen:                                                                                                                                  | 3 = Very definitely and quite badly  
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 side of things:                                                                                                                                                                | 0 = As much as I always could  
1 = Not quite so much now  
2 = Definitely not so much now  
3 = Not at all               |
| HADS_A3           | Worrying thoughts go through my mind:                                                                                                                                                                       | 3 = A great deal of the time  
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  
0 = Most of the time   |
| HADS_A4           | I can sit at ease and feel relaxed:                                                                                                                                                                         | 0 = Definitely  
1 = Usually  
2 = Not Often  
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 like 'butterflies' in the stomach:                                                                                                                                       | 0 = Not at all  
1 = Occasionally  
2 = Quite Often  
3 = Very Often     |
| HADS_D5           | I have lost interest in my appearance:                                                                                                                                                                       | 3 = Definitely  
2 = I don't take as much care as I should  
1 = I may not take quite as |
| HADS_A6        | I feel restless as I have to be on the move: | 3 = Very much indeed  
|               |                                              | 2 = Quite a lot  
|               |                                              | 1 = Not very much  
|               |                                              | 0 = Not at all  

| HADS_D6        | I look forward with enjoyment to things:     | 0 = As much as I ever did  
|               |                                              | 1 = Rather less than I used to  
|               |                                              | 2 = Definitely less than I used to  
|               |                                              | 3 = Hardly at all  

| HADS_A7        | I get sudden feelings of panic:              | 3 = Very often indeed  
|               |                                              | 2 = Quite often  
|               |                                              | 1 = Not very often  
|               |                                              | 0 = Not at all  

| HADS_D7        | I can enjoy a good book or radio or TV program: | 0 = Often  
|               |                                              | 1 = Sometimes  
|               |                                              | 2 = Not often  
|               |                                              | 3 = Very seldom  

**Hip specific questionnaires**

**Hip Injury and Osteoarthritis Outcome Score - Physical Function Short Form (HOOS-PS)**

| HOOSPS_1       | Difficulty descending stairs               | 0 = None  
|               |                                              | 1 = Mild  
|               |                                              | 2 = Moderate  
|               |                                              | 3 = Severe  
|               |                                              | 4 = Extreme  

| HOOSPS_2       | Difficulty getting in/out of bath or shower | 0 = None  
|               |                                              | 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 your loaded leg | 0 = None  
|               |                                              | 1 = Mild  
|               |                                              | 2 = Moderate  
|               |                                              | 3 = Severe  
|               |                                              | 4 = Extreme  

**Hip Injury and Osteoarthritis Outcome Score (HOOS)**

| HOOS_S1       | Do you feel grinding, hear clicking or any other type of noise from you hip? | 0 = Never  
|               |                                              | 1 = Rarely  
|               |                                              | 2 = Sometimes  

much care  
0 = I take just as much care as ever
| HOOS_S2          | Difficulties spreading legs wide apart | 0 = None  
|                 |                                        | 1 = Mild  
|                 |                                        | 2 = Moderate  
|                 |                                        | 3 = Severe  
|                 |                                        | 4 = Extreme  |
| HOOS_S3          | Difficulties to stride out when walking | 0 = None  
|                 |                                        | 1 = Mild  
|                 |                                        | 2 = Moderate  
|                 |                                        | 3 = Severe  
|                 |                                        | 4 = Extreme  |
| HOOS_S4          | How severe is your hip joint stiffness after first wakening in the morning? | 0 = None  
|                 |                                        | 1 = Mild  
|                 |                                        | 2 = Moderate  
|                 |                                        | 3 = Severe  
|                 |                                        | 4 = Extreme  |
| HOOS_S5          | How severe is your hip stiffness after sitting, lying or resting later in the day? | 0 = None  
|                 |                                        | 1 = Mild  
|                 |                                        | 2 = Moderate  
|                 |                                        | 3 = Severe  
|                 |                                        | 4 = Extreme  |
| HOOS_P1          | How often is your hip painful? | 0 = Never  
|                 |                                        | 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  
|                 |                 | 1 = Mild  
|                 |                 | 2 = Moderate  
|                 |                 | 3 = Severe  
|                 |                 | 4 = Extreme  
| HOOS_P8          | Standing upright | 0 = None  
|                 |                 | 1 = Mild  
|                 |                 | 2 = Moderate  
|                 |                 | 3 = Severe  
|                 |                 | 4 = Extreme  
| HOOS_P9          | Walking on a hard surface (asphalt, concrete, etc.) | 0 = None  
|                 |                 | 1 = Mild  
|                 |                 | 2 = Moderate  
|                 |                 | 3 = Severe  
|                 |                 | 4 = Extreme  
| HOOS_P10         | Walking on an uneven surface | 0 = None  
|                 |                 | 1 = Mild  
|                 |                 | 2 = Moderate  
|                 |                 | 3 = Severe  
|                 |                 | 4 = Extreme  
| HOOS_A1          | Descending stairs | 0 = None  
|                 |                 | 1 = Mild  
|                 |                 | 2 = Moderate  
|                 |                 | 3 = Severe  
|                 |                 | 4 = Extreme  
| HOOS_A2          | Ascending stairs | 0 = None  
|                 |                 | 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 object | 0 = None  
|                 |                 | 1 = Mild  
|                 |                 | 2 = Moderate  
|                 |                 | 3 = Severe  
|                 |                 | 4 = Extreme  
| HOOS_A6          | Walking on flat surface | 0 = None  
|                 |                 | 1 = Mild  
|                 |                 | 2 = Moderate  
|                 |                 | 3 = Severe  
|                 |                 | 4 = Extreme  |
| HOOS_A7   | Getting in/out of car | 0 = None  
|          |                      | 1 = Mild  
|          |                      | 2 = Moderate  
|          |                      | 3 = Severe  
|          |                      | 4 = Extreme  
| HOOS_A8  | Going shopping       | 0 = None  
|          |                      | 1 = Mild  
|          |                      | 2 = Moderate  
|          |                      | 3 = Severe  
|          |                      | 4 = Extreme  
| HOOS_A9  | Putting on socks/stockings | 0 = None  
|          |                      | 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, maintaining hip position) | 0 = None  
|          |                      | 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 heavy boxes, scrubbing floors, etc) | 0 = None  
|          |                      | 1 = Mild  
|          |                      | 2 = Moderate  
|          |                      | 3 = Severe  
|          |                      | 4 = Extreme  
| HOOS_A17 | Light domestic duties (cooking, etc) | 0 = None  
|          |                      | 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 injured knee | 0 = None  
1 = Mild  
2 = Moderate  
3 = Severe  
4 = Extreme |
| HOOS_SP4 | Walking on uneven surface | 0 = None  
1 = Mild  
2 = Moderate  
3 = Severe  
4 = Extreme |
| HOOS_Q1 | How often are you aware of your hip problem? | 0 = Never  
1 = Monthly  
2 = Weekly  
3 = Daily  
4 = Constantly |
| HOOS_Q2 | Have you modified your lifestyle to avoid potentially damaging activities to your hip? | 0 = Not at all  
1 = Mildly  
2 = Moderately  
3 = Severely  
4 = Totally |
| HOOS_Q3* | How confident are you in using your hip? | 0 = Totally  
1 = Severely  
2 = Moderately  
3 = Mildly  
4 = Not at all |
| HOOS_Q4 | In general, how much difficulty do you have with your hip? | 0 = None  
1 = Mild  
2 = Moderate  
3 = Severe  
4 = Extreme |

*Different order of answers

**Oxford Hip Score (OHS) (Dutch order)**

| OHS_1 | How would you describe the pain you usually have in your hip? (Engl version Q1) | 4 = None  
3 = Very mild  
2 = Mild  
1 = Moderate  
0 = Severe |
<table>
<thead>
<tr>
<th>OHS_2</th>
<th>Have you had any trouble with washing and drying yourself (all over) because of your hip? (Engl version Q10)</th>
<th>4 = No trouble at all 3 = Very little trouble 2 = Moderate trouble 1 = Extreme difficulty 0 = Impossible to do</th>
</tr>
</thead>
<tbody>
<tr>
<td>OHS_3</td>
<td>Have you had any trouble getting in and out of a car or using public transportation because of your hip? (Engl version Q9)</td>
<td>4 = No trouble at all 3 = Very little trouble 2 = Moderate trouble 1 = Extreme difficulty 0 = Impossible to do</td>
</tr>
<tr>
<td>OHS_4</td>
<td>Have you been able to put on a pair of socks, stockings or tights? (Engl version Q7)</td>
<td>4 = Yes, easily 3 = With little difficulty 2 = With moderate difficulty 1 = With extreme difficulty 0 = No, impossible</td>
</tr>
<tr>
<td>OHS_5</td>
<td>Could you do the household shopping on your own? (Engl version Q11)</td>
<td>4 = Yes, easily 3 = With little difficulty 2 = With moderate difficulty 1 = With extreme difficulty 0 = No, impossible</td>
</tr>
<tr>
<td>OHS_6</td>
<td>For how long have you been able to walk before the pain in your hip becomes severe (with or without a walking aid)? (Engl version Q5)</td>
<td>4 = No pain for 30 minutes or more 3 = 16 to 30 minutes 2 = 5 to 15 minutes 1 = Around the house only 0 = Not at all</td>
</tr>
<tr>
<td>OHS_7</td>
<td>Have you been able to climb a flight of stairs? (Engl version Q6)</td>
<td>4 = Yes, easily 3 = With little difficulty 2 = With moderate difficulty 1 = With extreme difficulty 0 = No, impossible</td>
</tr>
<tr>
<td>OHS_8</td>
<td>After a meal (sat at a table), how painful has it been for you to stand up from a chair because of your hip? (Engl version Q8)</td>
<td>4 = Not at all painful 3 = Slightly painful 2 = Moderately painful 1 = Very painful 0 = Unbearable</td>
</tr>
<tr>
<td>OHS_9</td>
<td>Have you been limping when walking because of your hip? (Engl version Q4)</td>
<td>4 = Rarely/never 3 = Sometimes or just at first 2 = Often, not just at first 1 = Most of the time 0 = All of the time</td>
</tr>
<tr>
<td>OHS_10</td>
<td>Have you had any sudden, severe pain-‘ shooting’, ‘stabbing’, or ‘spasms’ from your affected hip? (Engl version Q3)</td>
<td>4 = No days 3 = Only 1 or 2 days 2 = Some days 1 = Most days 0 = Every day</td>
</tr>
<tr>
<td>OHS_11</td>
<td>How much has pain from your hip interfered with your usual work, including housework? (Engl version Q12)</td>
<td>4 = Not at all 3 = A little bit 2 = Moderately 1 = Greatly 0 = Totally</td>
</tr>
<tr>
<td>OHS_12</td>
<td>Have you been troubled by pain from your hip in bed at night? (Engl version Q2)</td>
<td></td>
</tr>
<tr>
<td>--------</td>
<td>-----------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>No nights</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Only 1 or 2 nights</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Some nights</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Most nights</td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>Every night</td>
<td></td>
</tr>
</tbody>
</table>

**Harris Hip Score (HHS)**

<table>
<thead>
<tr>
<th>HHS_PAIN</th>
<th>Pain</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>None, or ignores it</td>
</tr>
<tr>
<td>1</td>
<td>Slight, occasional, no compromise in activity</td>
</tr>
<tr>
<td>2</td>
<td>Mild pain, no effect on average activities, rarely moderate pain with unusual activity, may take aspirin</td>
</tr>
<tr>
<td>3</td>
<td>Moderate pain, tolerable but makes concessions to pain. Some limitations of ordinary activity or work. May require occasional pain medication stronger than aspirin</td>
</tr>
<tr>
<td>4</td>
<td>Marked pain, serious limitation of activities</td>
</tr>
<tr>
<td>5</td>
<td>Totally disabled, crippled, pain in bed, bedridden</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HHS_LIMP</th>
<th>Limp</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>None</td>
</tr>
<tr>
<td>1</td>
<td>Slight</td>
</tr>
<tr>
<td>2</td>
<td>Moderate</td>
</tr>
<tr>
<td>3</td>
<td>Severe</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HHS_SUP</th>
<th>Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>None</td>
</tr>
<tr>
<td>1</td>
<td>Cane/Walking stick for long walks</td>
</tr>
<tr>
<td>2</td>
<td>Cane/Walking stick most of the time</td>
</tr>
<tr>
<td>3</td>
<td>One crutch</td>
</tr>
<tr>
<td>4</td>
<td>Two Canes/Walking sticks</td>
</tr>
<tr>
<td>5</td>
<td>Two crutches or not able to walk</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HHS_DIST</th>
<th>Distance walked</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Unlimited</td>
</tr>
<tr>
<td>1</td>
<td>1 km</td>
</tr>
<tr>
<td>2</td>
<td>500 m</td>
</tr>
<tr>
<td>3</td>
<td>Indoors only</td>
</tr>
<tr>
<td>4</td>
<td>Bed and chair only</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HHS_STAIR</th>
<th>Stairs</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Normally without using a railing</td>
</tr>
<tr>
<td>1</td>
<td>Normally using a railing</td>
</tr>
<tr>
<td>2</td>
<td>In any manner</td>
</tr>
<tr>
<td>3</td>
<td>Unable to do stairs</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HHS_ACT</th>
<th>Activities - shoes, socks</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>With ease</td>
</tr>
<tr>
<td>1</td>
<td>With difficulty</td>
</tr>
<tr>
<td>2</td>
<td>Unable to fit or tie</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HHS_SIT</th>
<th>Sitting</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Comfortably, ordinary chair for one hour</td>
</tr>
<tr>
<td>Question</td>
<td></td>
</tr>
<tr>
<td>----------</td>
<td></td>
</tr>
<tr>
<td>HHS_PT</td>
<td>Public transportation</td>
</tr>
<tr>
<td>HHS_AD_FF</td>
<td>Less than 30 degrees of fixed flexion</td>
</tr>
<tr>
<td>HHS_AD_AC</td>
<td>Less than 10 degrees abduction contracture</td>
</tr>
<tr>
<td>HHS_AD_EC</td>
<td>Less than 10 degrees endorotation contracture in extension</td>
</tr>
<tr>
<td>HHS_AD_LD</td>
<td>Limb length discrepancy less than 3.2 cm (1.5 inches)</td>
</tr>
<tr>
<td>HHS_MOB_FLEX</td>
<td>Total degrees of Flexion</td>
</tr>
<tr>
<td>HHS_MOB_ABD</td>
<td>Total degrees of Abduction</td>
</tr>
<tr>
<td>HHS_MOB_ADD</td>
<td>Total degrees of Adduction</td>
</tr>
<tr>
<td>HHS_MOB_EXR</td>
<td>Total degrees of Exorotation in extension</td>
</tr>
<tr>
<td>HHS_MOB_EXT</td>
<td>Total degrees of Endorotation in extension</td>
</tr>
<tr>
<td>Total_MOB_ROM</td>
<td>Mobility score (SUM of MOB questions)</td>
</tr>
</tbody>
</table>

**WOMAC score (hip)**

<table>
<thead>
<tr>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>WOMACH_S1</td>
</tr>
<tr>
<td>WOMACH_S2</td>
</tr>
<tr>
<td>WOMACH_S3</td>
</tr>
<tr>
<td>WOMACH_S4</td>
</tr>
<tr>
<td>WOMACH_S7</td>
</tr>
</tbody>
</table>
| 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  
1 = Mild  
2 = Moderate  
3 = Severe  
4 = Extreme |
| WOMACH_P3 | Bending your hip fully | 0 = None  
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  
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 (asphalt, concrete, etc) | 0 = None  
1 = Mild  
2 = Moderate  
3 = Severe  
4 = Extreme |
| WOMACH_P10 | Walking on an uneven surface | 0 = None  
1 = Mild  
2 = Moderate  
3 = Severe  
4 = Extreme |
| WOMACH_A1       | Descending stairs       | 0 = None  
|                |                         | 1 = Mild  
|                |                         | 2 = Moderate  
|                |                         | 3 = Severe  
|                |                         | 4 = Extreme  
| WOMACH_A2      | Ascending stairs        | 0 = None  
|                |                         | 1 = Mild  
|                |                         | 2 = Moderate  
|                |                         | 3 = Severe  
|                |                         | 4 = Extreme  
| WOMACH_A3      | Rising from sitting     | 0 = None  
|                |                         | 1 = Mild  
|                |                         | 2 = Moderate  
|                |                         | 3 = Severe  
|                |                         | 4 = Extreme  
| WOMACH_A4      | Standing                | 0 = None  
|                |                         | 1 = Mild  
|                |                         | 2 = Moderate  
|                |                         | 3 = Severe  
|                |                         | 4 = Extreme  
| WOMACH_A5      | Bending to floor/pick up an object | 0 = None  
|                |                         | 1 = Mild  
|                |                         | 2 = Moderate  
|                |                         | 3 = Severe  
|                |                         | 4 = Extreme  
| WOMACH_A6      | Walking on flat surface | 0 = None  
|                |                         | 1 = Mild  
|                |                         | 2 = Moderate  
|                |                         | 3 = Severe  
|                |                         | 4 = Extreme  
| WOMACH_A7      | Getting in/out of car   | 0 = None  
|                |                         | 1 = Mild  
|                |                         | 2 = Moderate  
|                |                         | 3 = Severe  
|                |                         | 4 = Extreme  
| WOMACH_A8      | Going shopping          | 0 = None  
|                |                         | 1 = Mild  
|                |                         | 2 = Moderate  
|                |                         | 3 = Severe  
|                |                         | 4 = Extreme  
| WOMACH_A9      | Putting on socks/stockings | 0 = None  
|                |                         | 1 = Mild  
|                |                         | 2 = Moderate  
|                |                         | 3 = Severe  
|                |                         | 4 = Extreme  
| WOMACH_A10     | Rising from bed         | 0 = None  
|                |                         | 1 = Mild  
|                |                         | 2 = Moderate  
|                |                         | 3 = Severe  
|                |                         | 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, maintaining hip position) | 0 = None  
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  
1 = Mild 
2 = Moderate 
3 = Severe 
4 = Extreme |
| WOMACH_A16 | Heavy domestic duties (moving heavy boxes, scrubbing floors, etc.) | 0 = None  
1 = Mild 
2 = Moderate 
3 = Severe 
4 = Extreme |
| WOMACH_A17 | Light domestic duties (cooking, dusting, etc.) | 0 = None  
1 = Mild 
2 = Moderate 
3 = Severe 
4 = Extreme |

### Knee specific questionnaires

**Knee injury and Osteoarthritis Outcome Score - Physical Function Short Form (KOOS-PS)**

| 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  
|               |                      | 1 = Mild  
|               |                      | 2 = Moderate  
|               |                      | 3 = Severe  
|               |                      | 4 = Extreme  
| KOOSPS_5      | Twisting/pivoting on your injured knee | 0 = None  
|               |                      | 1 = Mild  
|               |                      | 2 = Moderate  
|               |                      | 3 = Severe  
|               |                      | 4 = Extreme  
| KOOSPS_6      | Kneeling             | 0 = None  
|               |                      | 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 knee? | 0 = Never  
|               |                                   | 1 = Rarely  
|               |                                   | 2 = Sometimes  
|               |                                   | 3 = Often  
|               |                                   | 4 = Always  
| KOOS_S2       | Do you feel grinding, hear clicking or any other type of noise when your knee moves? | 0 = Never  
|               |                                   | 1 = Rarely  
|               |                                   | 2 = Sometimes  
|               |                                   | 3 = Often  
|               |                                   | 4 = Always  
| KOOS_S3       | Does your knee catch or hang up when moving? | 0 = Never  
|               |                                   | 1 = Rarely  
|               |                                   | 2 = Sometimes  
|               |                                   | 3 = Often  
|               |                                   | 4 = Always  
| KOOS_S4*      | Can you straighten your knee fully? | 0 = Always  
|               |                                   | 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 stiffness after first wakening in the morning? | 0 = None  
|               |                                   | 1 = Mild  
|               |                                   | 2 = Moderate  
|               |                                   | 3 = Severe  
|               |                                   | 4 = Extreme  

| KOOS_S7         | How severe is your knee stiffness after sitting, lying or resting later in the day? | 0 = None  
1 = Mild  
2 = Moderate  
3 = Severe  
4 = Extreme |
|-----------------|---------------------------------------------------------------------------------|----------------------------------|
| KOOS_P1         | How often do you experience knee pain?                                         | 0 = Never  
1 = Monthly  
2 = Weekly  
3 = Daily  
4 = Always |
| KOOS_P2         | Twisting/pivoting on your knee                                                  | 0 = None  
1 = Mild  
2 = Moderate  
3 = Severe  
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  |
| KOOS_A2     | Ascending stairs | 0 = None  
|            |                 | 1 = Mild  
|            |                 | 2 = Moderate  
|            |                 | 3 = Severe  
|            |                 | 4 = Extreme  |
| KOOS_A3    | Rising from sitting | 0 = None  
|            |                 | 1 = Mild  
|            |                 | 2 = Moderate  
|            |                 | 3 = Severe  
|            |                 | 4 = Extreme  |
| KOOS_A4    | Standing | 0 = None  
|            |                 | 1 = Mild  
|            |                 | 2 = Moderate  
|            |                 | 3 = Severe  
|            |                 | 4 = Extreme  |
| KOOS_A5    | Bending to floor/pick up an object | 0 = None  
|            |                 | 1 = Mild  
|            |                 | 2 = Moderate  
|            |                 | 3 = Severe  
|            |                 | 4 = Extreme  |
| KOOS_A6    | Walking on flat surface | 0 = None  
|            |                 | 1 = Mild  
|            |                 | 2 = Moderate  
|            |                 | 3 = Severe  
|            |                 | 4 = Extreme  |
| KOOS_A7    | Getting in/out of car | 0 = None  
|            |                 | 1 = Mild  
|            |                 | 2 = Moderate  
|            |                 | 3 = Severe  
|            |                 | 4 = Extreme  |
| KOOS_A8    | Going shopping | 0 = None  
|            |                 | 1 = Mild  
|            |                 | 2 = Moderate  
|            |                 | 3 = Severe  
|            |                 | 4 = Extreme  |
| KOOS_A9    | Putting on socks/stockings | 0 = None  
|            |                 | 1 = Mild  
|            |                 | 2 = Moderate  
|            |                 | 3 = Severe  
|            |                 | 4 = Extreme  |
| KOOS_A10   | Rising from bed | 0 = None  
|            |                 | 1 = Mild  
|            |                 | 2 = Moderate  
|            |                 | 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, maintaining knee position) | 0 = None  
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 heavy boxes, scrubbing floors, etc) | 0 = Never  
1 = Rarely  
2 = Sometimes  
3 = Often  
4 = Always |
| KOOS_A17         | Light domestic duties (cooking, dusting, etc)          | 0 = Never  
1 = Rarely  
2 = Sometimes  
3 = Often  
4 = Always |
| KOOS_SP1         | Squatting                                              | 0 = None  
1 = Mild  
2 = Moderate  
3 = Severe  
4 = Extreme |
| KOOS_SP2         | Running                                                | 0 = None  
1 = Mild  
2 = Moderate  
3 = Severe  
4 = Extreme |
| KOOS_SP3         | Jumping                                                | 0 = None  
1 = Mild  
2 = Moderate  
3 = Severe  
4 = Extreme |
| KOOS_SP4         | Twisting/pivoting on your injured knee                 | 0 = None  
1 = Mild  
2 = Moderate  |
<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
<th>Score Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>KOOS_SP5</td>
<td>Kneeling</td>
<td>3 = Severe 4 = Extreme</td>
</tr>
<tr>
<td>KOOS_Q1</td>
<td>How often are you aware of your knee problem?</td>
<td>0 = Never 1 = Monthly 2 = Weekly 3 = Daily 4 = Constantly</td>
</tr>
<tr>
<td>KOOS_Q2</td>
<td>Have you modified your lifestyle to avoid potentially damaging activities to your knee?</td>
<td>0 = Not at all 1 = Mildly 2 = Moderately 3 = Severely 4 = Totally</td>
</tr>
<tr>
<td>KOOS_Q3*</td>
<td>How confident are you in using your knee?</td>
<td>0 = Totally 1 = Severely 2 = Moderately 3 = Mildly 4 = Not at all</td>
</tr>
<tr>
<td>KOOS_Q4</td>
<td>In general, how much difficulty do you have with your knee?</td>
<td>0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme</td>
</tr>
</tbody>
</table>

*Different order of answers

**Oxford knee score (OKS)**

<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
<th>Score Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>OKS_1</td>
<td>How would you describe the pain you usually have from your knee?</td>
<td>4 = None 3 = Very mild 2 = Mild 1 = Moderate 0 = Severe</td>
</tr>
<tr>
<td>OKS_2</td>
<td>Have you had any trouble with washing and drying yourself (all over) because of your knee?</td>
<td>4 = No trouble at all 3 = Very little trouble 2 = Moderate trouble 1 = Extreme difficulty 0 = Impossible to do</td>
</tr>
<tr>
<td>OKS_3</td>
<td>Have you had any trouble getting in and out of a car or using public transport because of your knee? (whichever you would tend to use)</td>
<td>4 = No trouble at all 3 = Very little trouble 2 = Moderate trouble 1 = Extreme difficulty 0 = Impossible to do</td>
</tr>
<tr>
<td>OKS_4</td>
<td>For how long have you been able to walk before pain from your knee becomes severe? (with or without a stick)</td>
<td>4 = No pain for 30 minutes or more 3 = 16 to 30 minutes 2 = 5 to 15 minutes 1 = Around the house only 0 = Not at all</td>
</tr>
<tr>
<td>OKS_5</td>
<td>After a meal (sat at a table),</td>
<td>4 = Not at all painful</td>
</tr>
<tr>
<td>OKS_6</td>
<td>Have you been limping when walking, because of your knee?</td>
<td></td>
</tr>
<tr>
<td>-------</td>
<td>----------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>4 = Rarely/never</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 = Sometimes, or just at first</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 = Often, not just at first</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 = Most of the time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 = All of the time</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OKS_7</th>
<th>Could you kneel down and get up again afterwards?</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 = Yes, easily</td>
<td></td>
</tr>
<tr>
<td>3 = With little difficulty</td>
<td></td>
</tr>
<tr>
<td>2 = With moderate difficulty</td>
<td></td>
</tr>
<tr>
<td>1 = With extreme difficulty</td>
<td></td>
</tr>
<tr>
<td>0 = No, impossible</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OKS_8</th>
<th>Have you been troubled by pain from your knee in bed at night?</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 = No nights</td>
<td></td>
</tr>
<tr>
<td>3 = Only 1 or 2 nights</td>
<td></td>
</tr>
<tr>
<td>2 = Some nights</td>
<td></td>
</tr>
<tr>
<td>1 = Most nights</td>
<td></td>
</tr>
<tr>
<td>0 = Every night</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OKS_9</th>
<th>How much has pain from your knee interfered with your usual work (including housework)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 = Not at all</td>
<td></td>
</tr>
<tr>
<td>3 = A little bit</td>
<td></td>
</tr>
<tr>
<td>2 = Moderately</td>
<td></td>
</tr>
<tr>
<td>1 = Greatly</td>
<td></td>
</tr>
<tr>
<td>0 = Totally</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OKS_10</th>
<th>Have you felt that your knee might suddenly 'give way' or let you down?</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 = Rarely/never</td>
<td></td>
</tr>
<tr>
<td>3 = Sometimes, or just at first</td>
<td></td>
</tr>
<tr>
<td>2 = Often, not just at first</td>
<td></td>
</tr>
<tr>
<td>1 = Most of the time</td>
<td></td>
</tr>
<tr>
<td>0 = All of the time</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OKS_11</th>
<th>Could you do the household shopping on your own?</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 = Yes, easily</td>
<td></td>
</tr>
<tr>
<td>3 = With little difficulty</td>
<td></td>
</tr>
<tr>
<td>2 = With moderate difficulty</td>
<td></td>
</tr>
<tr>
<td>1 = With extreme difficulty</td>
<td></td>
</tr>
<tr>
<td>0 = No, impossible</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OKS_12</th>
<th>Could you walk down one flight of stairs?</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 = Yes, easily</td>
<td></td>
</tr>
<tr>
<td>3 = With little difficulty</td>
<td></td>
</tr>
<tr>
<td>2 = With moderate difficulty</td>
<td></td>
</tr>
<tr>
<td>1 = With extreme difficulty</td>
<td></td>
</tr>
<tr>
<td>0 = No, impossible</td>
<td></td>
</tr>
</tbody>
</table>

**Knee society score (KSS)**

<table>
<thead>
<tr>
<th>KSS_PAIN</th>
<th>Pain</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = None</td>
<td></td>
</tr>
<tr>
<td>1 = Mild/ Occasional</td>
<td></td>
</tr>
<tr>
<td>2 = Mild (Stairs only)</td>
<td></td>
</tr>
<tr>
<td>3 = Mild (Walking and Stairs)</td>
<td></td>
</tr>
<tr>
<td>4 = Moderate - Occasional</td>
<td></td>
</tr>
<tr>
<td>5 = Moderate - Continual</td>
<td></td>
</tr>
<tr>
<td>6 = Severe</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>KSS_WALK</th>
<th>Walking</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Unlimited</td>
<td></td>
</tr>
<tr>
<td>1 = &gt;1000 m</td>
<td></td>
</tr>
<tr>
<td>2 = 500-1000 m</td>
<td></td>
</tr>
<tr>
<td>3 = &lt;500 m</td>
<td></td>
</tr>
</tbody>
</table>
| KSS_STAIR | Stairs | 4 = Housebound  
| 0 = Normal Up and down  
| 1 = Normal Up down with rail  
| 2 = Up and down with rail  
| 3 = Up with rail, down unable  
| 4 = Unable |
| KSS_AID | Walking aids used | 0 = None used  
| 1 = Use of Cane/Walking stick deduct  
| 2 = Two Canes/sticks  
| 3 = Crutches or frame |
| KSS_AP | Stability (Maximum movement in any position) - Antero-posterior | 0 = <5 mm  
| 1 = 5-10 mm  
| 2 = >10 mm |
| KSS_ML | Stability (Maximum movement in any position) - Mediolateral | 0 = <5°  
| 1 = 6-9°  
| 2 = 10-14°  
| 3 = 15° |

**IKDC Subjective knee evaluation form**

| IKDC_1 | What is the highest level of activity that you can perform without significant knee pain? | 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_2 | During the past 4 weeks, or since your injury, how often have you had pain? | Range 0 (never)-10 (constant) |
| IKDC_3 | If you have pain, how severe is it? | Range 0 (no pain)-10 (worst pain) |
| IKDC_4 | During the past 4 weeks, or since your injury, how stiff or swollen was your knee? | 0 = Not at all  
| 1 = Mildly  
| 2 = Moderately  
| 3 = Very  
<p>| 4 = Extremely |
| IKDC_5 | What is the highest level of | 0 = Very strenuous activities |</p>
<table>
<thead>
<tr>
<th>IKDC_6</th>
<th>During the past 4 weeks, or since your injury, did your knee lock or catch?</th>
<th>0 = Yes 1 = No</th>
</tr>
</thead>
<tbody>
<tr>
<td>IKDC_7</td>
<td>What is the highest level of activity you can perform without significant giving way in your knee?</td>
<td>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</td>
</tr>
<tr>
<td>IKDC_8</td>
<td>What is the highest level of activity you can participate in on a regular basis?</td>
<td>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</td>
</tr>
<tr>
<td>IKDC_9a</td>
<td>How does your knee affect your ability to: Go up stairs</td>
<td>0 = No difficulty 1 = Minimal difficulty 2 = Moderate difficulty 3 = Extreme difficulty 4 = Unable to do</td>
</tr>
<tr>
<td>IKDC_9b</td>
<td>How does your knee affect your ability to: Go down stairs</td>
<td>0 = No difficulty 1 = Minimal difficulty</td>
</tr>
</tbody>
</table>
| IKDC_9c | How does your knee affect your ability to: Kneel on the front of your knee | 0 = No difficulty  
1 = Minimal difficulty  
2 = Moderate difficulty  
3 = Extreme difficulty  
4 = Unable to do |
| --- | --- | --- |
| IKDC_9d | How does your knee affect your ability to: Squat | 0 = No difficulty  
1 = Minimal difficulty  
2 = Moderate difficulty  
3 = Extreme difficulty  
4 = Unable to do |
| IKDC_9e | How does your knee affect your ability to: Sit with your knee bent | 0 = No difficulty  
1 = Minimal difficulty  
2 = Moderate difficulty  
3 = Extreme difficulty  
4 = Unable to do |
| IKDC_9f | How does your knee affect your ability to: Rise from a chair | 0 = No difficulty  
1 = Minimal difficulty  
2 = Moderate difficulty  
3 = Extreme difficulty  
4 = Unable to do |
| IKDC_9g | How does your knee affect your ability to: Run straight ahead | 0 = No difficulty  
1 = Minimal difficulty  
2 = Moderate difficulty  
3 = Extreme difficulty  
4 = Unable to do |
| IKDC_9h | How does your knee affect your ability to: Jump and land on your involved leg | 0 = No difficulty  
1 = Minimal difficulty  
2 = Moderate difficulty  
3 = Extreme difficulty  
4 = Unable to do |
| IKDC_9i | How does your knee affect your ability to: Stop and start quickly | 0 = No difficulty  
1 = Minimal difficulty  
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 knee? | 0 = Never  
1 = Rarely  
2 = Sometimes  
3 = Often  
4 = Always |
| --- | --- | --- |
| WOMACK_S2 | Do you feel grinding, hear clicking or any other type of noise when your knee moves? | 0 = Never  
1 = Rarely  
2 = Sometimes |
<table>
<thead>
<tr>
<th>WOMACK_S3</th>
<th>Does your knee catch or hang up when moving?</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Never</td>
<td>1 = Rarely</td>
</tr>
<tr>
<td></td>
<td>2 = Sometimes</td>
</tr>
<tr>
<td></td>
<td>3 = Often</td>
</tr>
<tr>
<td></td>
<td>4 = Always</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WOMACK_S4</th>
<th>Can you straighten your knee fully?</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Never</td>
<td>1 = Rarely</td>
</tr>
<tr>
<td></td>
<td>2 = Sometimes</td>
</tr>
<tr>
<td></td>
<td>3 = Often</td>
</tr>
<tr>
<td></td>
<td>4 = Always</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WOMACK_S5</th>
<th>Can you bend your knee fully?</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Never</td>
<td>1 = Rarely</td>
</tr>
<tr>
<td></td>
<td>2 = Sometimes</td>
</tr>
<tr>
<td></td>
<td>3 = Often</td>
</tr>
<tr>
<td></td>
<td>4 = Always</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WOMACK_S6</th>
<th>How severe is your knee joint stiffness after first wakening in the morning?</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = None</td>
<td>1 = Mild</td>
</tr>
<tr>
<td></td>
<td>2 = Moderate</td>
</tr>
<tr>
<td></td>
<td>3 = Severe</td>
</tr>
<tr>
<td></td>
<td>4 = Extreme</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WOMACK_S7</th>
<th>How severe is your knee stiffness after sitting, lying or resting later in the day?</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = None</td>
<td>1 = Mild</td>
</tr>
<tr>
<td></td>
<td>2 = Moderate</td>
</tr>
<tr>
<td></td>
<td>3 = Severe</td>
</tr>
<tr>
<td></td>
<td>4 = Extreme</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WOMACK_P1</th>
<th>How often do you experience knee pain?</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Never</td>
<td>1 = Monthly</td>
</tr>
<tr>
<td></td>
<td>2 = Weekly</td>
</tr>
<tr>
<td></td>
<td>3 = Daily</td>
</tr>
<tr>
<td></td>
<td>4 = Always</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WOMACK_P2</th>
<th>Twisting/pivoting on your knee</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = None</td>
<td>1 = Mild</td>
</tr>
<tr>
<td></td>
<td>2 = Moderate</td>
</tr>
<tr>
<td></td>
<td>3 = Severe</td>
</tr>
<tr>
<td></td>
<td>4 = Extreme</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WOMACK_P3</th>
<th>Straightening knee fully</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = None</td>
<td>1 = Mild</td>
</tr>
<tr>
<td></td>
<td>2 = Moderate</td>
</tr>
<tr>
<td></td>
<td>3 = Severe</td>
</tr>
<tr>
<td></td>
<td>4 = Extreme</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WOMACK_P4</th>
<th>Bending knee fully</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = None</td>
<td>1 = Mild</td>
</tr>
<tr>
<td></td>
<td>2 = Moderate</td>
</tr>
<tr>
<td></td>
<td>3 = Severe</td>
</tr>
<tr>
<td></td>
<td>4 = Extreme</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WOMACK_P5</th>
<th>Walking on flat surface</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = None</td>
<td>1 = Mild</td>
</tr>
<tr>
<td></td>
<td>2 = Moderate</td>
</tr>
<tr>
<td></td>
<td>3 = Severe</td>
</tr>
</tbody>
</table>
| 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  
1 = Mild  
2 = Moderate  
3 = Severe  
4 = Extreme |
| WOMACK_P9 | Standing upright | 0 = None  
1 = Mild  
2 = Moderate  
3 = Severe  
4 = Extreme |
| WOMACK_A1 | Descending stairs | 0 = None  
1 = Mild  
2 = Moderate  
3 = Severe  
4 = Extreme |
| WOMACK_A2 | Ascending stairs | 0 = None  
1 = Mild  
2 = Moderate  
3 = Severe  
4 = Extreme |
| WOMACK_A3 | Rising from sitting | 0 = None  
1 = Mild  
2 = Moderate  
3 = Severe  
4 = Extreme |
| WOMACK_A4 | Standing | 0 = None  
1 = Mild  
2 = Moderate  
3 = Severe  
4 = Extreme |
| WOMACK_A5 | Bending to floor/pick up an object | 0 = None  
1 = Mild  
2 = Moderate  
3 = Severe  
4 = Extreme |
| WOMACK_A6 | Walking on flat surface | 0 = None  
1 = Mild  
2 = Moderate  
3 = Severe  
4 = Extreme |
| WOMACK_A7         | Getting in/out of car | 0 = None  
                            |                  | 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  
                                |                  | 1 = Mild  
                                |                  | 2 = Moderate  
                                |                  | 3 = Severe  
                                |                  | 4 = Extreme  
                                | maintaining hip position)  
| 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  
                                |                  | 1 = Mild  
                                |                  | 2 = Moderate  
                                |                  | 3 = Severe  
                                |                  | 4 = Extreme  
                                | heavy boxes, scrubbing floors, etc)  
| WOMACK_A17        | Light domestic duties (cooking,  
                                | 0 = None  
                                |                  | 1 = Mild  
                                |                  | 2 = Moderate  
                                |                  | 3 = Severe  
                                |                  | 4 = Extreme  
                                | etc)  

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