

IRAD Study

FORM: Pre-Op Clinical Data

Patient Study Number:

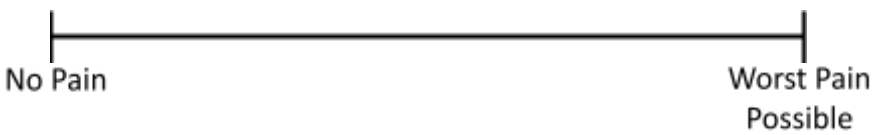
Date: / /

Time Point: Pre-Op

2 weeks

6 weeks

Patient Details Height: _____ (cm) Weight: _____ (kg) BMI: _____	Informed Consent Date of consent: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>D D M M Y Y Y Y</small>
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Date of Birth: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>D D M M Y Y Y Y</small> Age: _____	Ethnicity:
Medical History/Coexistent Disease <input type="checkbox"/> None <input type="checkbox"/> Musculoskeletal <input type="checkbox"/> Cardiovascular <input type="checkbox"/> Urogenital <input type="checkbox"/> Respiratory <input type="checkbox"/> Metabolic <input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Neurological <input type="checkbox"/> Other _____	Details of Significant Medical History:
Baseline Pre-Op Opioid Use: Medications and daily average dosage (including Tramadol, Codeine):	Morphine Milligram Equivalent of Daily Average Opioid Use: Other Pre-Op Outcome Survey Scores: PCS: /52 OKS: /48 PDI: /70 KOOS, Jr (raw): /28 KOOS, Jr (interval): /100

Pre-Op Visual Analogue Pain (VAS-P) 	VAS-P score (mm):
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Patient Study Number:

Date: / /

Time Point: Pre-Op

To Be Completed by the Participant

Everyone experiences painful situations at some point in their lives. Such experiences may include headaches, tooth pain, joint or muscle pain. People are often exposed to situations that may cause pain such as illness, injury, dental procedures or surgery.

We are interested in the types of thoughts and feelings that you have when you are in pain. Listed below are thirteen statements describing different thoughts and feelings that may be associated with pain. Using the following scale, please indicate the degree to which you have these thoughts and feelings when you are experiencing pain.

0 – not at all **1** – to a slight degree **2** – to a moderate degree **3** – to a great degree **4** – all the time

When I'm in pain ...

- 1 I worry all the time about whether the pain will end.
- 2 I feel I can't go on.
- 3 It's terrible and I think it's never going to get any better.
- 4 It's awful and I feel that it overwhelms me.
- 5 I feel I can't stand it anymore.
- 6 I become afraid that the pain will get worse.
- 7 I keep thinking of other painful events.
- 8 I anxiously want the pain to go away.
- 9 I can't seem to keep it out of my mind.
- 10 I keep thinking about how much it hurts.
- 11 I keep thinking about how badly I want the pain to stop.
- 12 There's nothing I can do to reduce the intensity of the pain.
- 13 I wonder whether something serious may happen.

TOTAL PCS score: /52

Patient Initials:

IRAD Study

FORM: Pain Disability Index

Patient Study Number:

Date: / /

Time Point: Pre-Op

To Be Completed by the Participant

Pain Disability Index: The rating scales below are designed to measure the degree to which aspects of your life are disrupted by chronic pain. In other words, we would like to know how much pain is preventing you from doing what you would normally do or from doing it as well as you normally would. Respond to each category indicating the overall impact of pain in your life, not just when pain is at its worst.

For each of the 7 categories of life activity listed, please circle the number on the scale that describes the level of disability you typically experience. A score of 0 means no disability at all, and a score of 10 signifies that all of the activities in which you would normally be involved have been totally disrupted or prevented by your pain.

Family/Home Responsibilities: This category refers to activities of the home or family. It includes chores or duties performed around the house (e.g. yard work) and errands or favors for other family members (e.g. driving the children to school).

No Disability 0__ . 1__ . 2__ . 3__ . 4__ . 5__ . 6__ . 7__ . 8__ . 9__ . 10__ . Worst Disability

Recreation: This disability includes hobbies, sports, and other similar leisure time activities.

No Disability 0__ . 1__ . 2__ . 3__ . 4__ . 5__ . 6__ . 7__ . 8__ . 9__ . 10__ . Worst Disability

Social Activity: This category refers to activities, which involve participation with friends and acquaintances other than family members. It includes parties, theater, concerts, dining out, and other social functions.

No Disability 0__ . 1__ . 2__ . 3__ . 4__ . 5__ . 6__ . 7__ . 8__ . 9__ . 10__ . Worst Disability

Occupation: This category refers to activities that are part of or directly related to one's job. This includes non-paying jobs as well, such as that of a housewife or volunteer.

No Disability 0__ . 1__ . 2__ . 3__ . 4__ . 5__ . 6__ . 7__ . 8__ . 9__ . 10__ . Worst Disability

Sexual Behavior: This category refers to the frequency and quality of one's sex life.

No Disability 0__ . 1__ . 2__ . 3__ . 4__ . 5__ . 6__ . 7__ . 8__ . 9__ . 10__ . Worst Disability

Self Care: This category includes activities, which involve personal maintenance and independent daily living (e.g. taking a shower, driving, getting dressed, etc.)

No Disability 0__ . 1__ . 2__ . 3__ . 4__ . 5__ . 6__ . 7__ . 8__ . 9__ . 10__ . Worst Disability

Life-Support Activities: This category refers to basic life supporting behaviors such as eating, sleeping and breathing.

No Disability 0__ . 1__ . 2__ . 3__ . 4__ . 5__ . 6__ . 7__ . 8__ . 9__ . 10__ . Worst Disability

TOTAL PDI score: /70

Patient Initials:

Patient Study Number:

Date: / /

Time Point: Pre-Op

6 weeks

To Be Completed by the Participant

INSTRUCTIONS: Please answer EVERY question by placing a CROSS in ONE box. If you are unsure about how to answer please give the best answer you can. Thank you.

DURING THE LAST 4 WEEKS.....

1. Describe the pain you usually have from your knee

None Very Mild Mild Moderate Severe

2. Have you had any trouble washing and drying yourself (all over) because of your knee?

No trouble at all Very little trouble Moderate trouble
 Extremely difficult Impossible to do

3. Have you had any trouble getting in and out of the car or using public transport because of your knee? (whichever you tend to use)

No trouble at all Very little trouble Moderate trouble
 Extremely difficult Impossible to do

4. For how long are you able to walk before the pain in your knee becomes severe? (With or without a stick)?

No pain />30 min 16-30 minutes 5-15 minutes
 Around the house only Impossible to do so

5. After a meal (sat at a table), how painful has it been for you to stand up from a chair because of your knee?

No at all painful Slightly painful Moderately painful
 Very painful Unbearable

6. Have you been limping when walking because of your knee?

Rarely/never Sometimes or just at first Often, not just at first
 Most of the time All the time

IRAD Study

FORM: Oxford Knee Score

Patient Study Number:

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6 weeks

7. Could you kneel down and get up again afterwards?

Yes, easily With little difficulty With moderate difficulty
With extreme difficulty No impossible

8. Are you troubled by pain in your knee at night in bed?

Not at all Only one or two nights Some nights
Most nights Every Night

**9. How much has pain from your knee interfered with your usual work?
(including housework)**

No at all A little bit Moderately Greatly Totally

**10. Have you felt that your knee might suddenly “give away” or let you
down?**

Rarely/never Sometimes or just at first Often, not just at first
Most of the time All the time

11. Could you do grocery shopping on your own?

Yes, easily With little difficulty With moderate difficulty
With extreme difficulty No impossible

12. Could you walk down a flight of stairs?

Yes, easily With little difficulty With moderate difficulty
With extreme difficulty No impossible

TOTAL OKS score: /48

Patient Initials:

Patient Study Number: Date: / /

Time Point: Pre-Op 2 weeks 6 weeks

To Be Completed by the Participant

INSTRUCTIONS: This survey asks for your opinion about your knee and helps us understand how well you are able to complete your usual activities. Answer each question by ticking the appropriate box (only one box for each question). If you are uncertain about how to answer a question, please give the best answer you can.

I. Stiffness

Stiffness is a sensation of restriction or slowness in the ease with which you move your knee joint. What amount of knee stiffness have you experienced over the last week during the following activities?

S1. How severe is your knee stiffness after first awakening in the morning?

None (+0) Mild (+1) Moderate (+2) Severe (+3) Extreme (+4)

II. Pain

What amount of knee pain have you experienced the last week during the following activities?

P1. Twisting/ pivoting on your knee

None (+0) Mild (+1) Moderate (+2) Severe (+3) Extreme (+4)

P2. Straightening knee fully

None (+0) Mild (+1) Moderate (+2) Severe (+3) Extreme (+4)

P3. Going up or down stairs

None (+0) Mild (+1) Moderate (+2) Severe (+3) Extreme (+4)

P4. Standing upright

None (+0) Mild (+1) Moderate (+2) Severe (+3) Extreme (+4)

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FORM: KOOS, Jr Survey

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III. Function, Daily Living

This section describes your ability to move around and to look after yourself. For each of the following activities, please indicate the degree of difficulty you have experienced in the last week due to your knee.

A1. Rising from sitting

None (+0) Mild (+1) Moderate (+2) Severe (+3) Extreme (+4)

A2. Bending to the floor/pick up an object

None (+0) Mild (+1) Moderate (+2) Severe (+3) Extreme (+4)

Scoring:

The KOOS Jr is scored by summing the raw response (range 0-28) and then converting it to an interval score using the table provided below. The interval score ranges from 0 to 100 where 0 represents total knee disability and 100 represents perfect knee health.

Raw Summed Score (0-28)	Interval Score (0-100)	Raw Summed Score (0-28)	Interval Score (0-100)	Raw Summed Score (0-28)	Interval Score (0-100)	Raw Summed Score (0-28)	Interval Score (0-100)	Raw Summed Score (0-28)	Interval Score (0-100)
0	100.000	6	70.704	12	57.140	18	42.281	24	24.875
1	91.975	7	68.284	13	54.840	19	39.625	25	20.941
2	84.600	8	65.994	14	52.465	20	36.931	26	15.939
3	79.914	9	63.776	15	50.012	21	34.174	27	8.291
4	76.332	10	61.583	16	47.487	22	31.307	28	0.000
5	73.342	11	59.381	17	44.905	23	28.251		

RAW: /48

INTERVAL: /100

Patient Initials: