Patient-assessment questionnaire.
**Patient Assessment Questionnaire – KNEE**

7. How much help do you need with your personal care activities (Self-cleaning, dressing, eating, toileting, transferring to a chair, etc.) because of your affected knee?
   - [ ] Independent
   - [ ] Somewhat Independent
   - [ ] Partial
   - [ ] Totally Dependent

8. How much difficulty do you have doing your household activities because of your affected knee?
   - [ ] Work without help
   - [ ] Work with help
   - [ ] Unable

9. How much does your affected knee influence your social activities?
   - [ ] Greatly
   - [ ] Moderately
   - [ ] Slightly
   - [ ] Not at all

10. Were you working before your total knee replacement?
    - [ ] Yes
    - [ ] No
    Did you return to work after your operation?
    - [ ] Yes
    - [ ] No

11. Please indicate if you are active in any of the following activities and how often you participate in them:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Never/Yearly</th>
<th>Monthly</th>
<th>Weekly</th>
<th>Daily</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walking</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Running</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Swimming</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Work out at gym</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tennis (Singles)</td>
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<tr>
<td>Tennis (Doubles)</td>
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<tr>
<td>Golf</td>
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<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

12. How far can you...?
   - [ ] Walk
   - [ ] Run
   - [ ] Swim

Do you use a cart? [ ] Yes [ ] No

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Fig. E-1(b)