

Patient Label

**KNEE SOCIETY SCORE:
PRE-OP**

DEMOGRAPHIC INFORMATION

1. **Today's Date:** _____/_____/_____ (Enter dates as mm/dd/yyyy)
2. **Height (ft', in"):** _____ 3. **Weight (lbs):** _____ 4. **Sex:** Male Female
5. **Side of this (symptomatic) knee** (if both knees will be operated on, please use a different form for each knee)
 Left Right
6. **Ethnicity**
 Native Hawaiian or other Pacific Islander American Indian or Alaska Native Hispanic or Latino
 Arab or Middle Eastern African American or Black Asian White
7. **Please indicate the expected date and surgeon for your knee replacement operation**
Date: _____/_____/_____ Name of Surgeon: _____
8. **Will this be a primary or revision knee replacement?** Primary Revision

SYMPTOMS

- 1 - **Pain with level walking** (10 - Score)

0	1	2	3	4	5	6	7	8	9	10
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none severe

 - 2 - **Pain with stairs or inclines** (10 - Score)

0	1	2	3	4	5	6	7	8	9	10
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none severe

 - 3 - **Does this knee feel "normal" to you?** (5 points)
 Always (5 pts) Sometimes (3 pts) Never (0 pts)
- Maximum Total Points (25 points)**



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PATIENT SATISFACTION

- 1 - Currently, how satisfied are you with the pain level of your knee while sitting? (8 points)**
 Very satisfied (8 pts) Satisfied (6 pts) Neutral (4 pts)
 Dissatisfied (2 pts) Very Dissatisfied (0 pts)
- 2 - Currently, how satisfied are you with the pain level of your knee while lying in bed? (8 points)**
 Very satisfied (8 pts) Satisfied (6 pts) Neutral (4 pts)
 Dissatisfied (2 pts) Very Dissatisfied (0 pts)
- 3 - Currently, how satisfied are you with your knee function while getting out of bed? (8 points)**
 Very satisfied (8 pts) Satisfied (6 pts) Neutral (4 pts)
 Dissatisfied (2 pts) Very Dissatisfied (0 pts)
- 4 - Currently, how satisfied are you with your knee function while performing light household duties? (8 points)**
 Very satisfied (8 pts) Satisfied (6 pts) Neutral (4 pts)
 Dissatisfied (2 pts) Very Dissatisfied (0 pts)
- 5 - Currently, how satisfied are you with your knee function while performing leisure recreational activities? (8 points)**
 Very satisfied (8 pts) Satisfied (6 pts) Neutral (4 pts)
 Dissatisfied (2 pts) Very Dissatisfied (0 pts)
- Maximum Total Points (40 points)**

PATIENT EXPECTATIONS

- 1 - Do you expect your knee joint replacement surgery will relieve your knee pain? (5 points)**
 no, not at all (1 pt) yes, a little bit (2 pts) yes, somewhat (3 pts)
 yes, a moderate amount (4 pts) yes, a lot (5 pts)
- 2 - Do you expect your surgery will help you carry out your normal activities of daily living? (5 points)**
 no, not at all (1 pt) yes, a little bit (2 pts) yes, somewhat (3 pts)
 yes, a moderate amount (4 pts) yes, a lot (5 pts)

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3 - **Do you expect your surgery will help you perform leisure, recreational or sports activities?**

(5 points)

- no, not at all (1 pt) yes, a little bit (2 pts) yes, somewhat (3 pts)
 yes, a moderate amount (4 pts) yes, a lot (5 pts)

Maximum Total Points (15 points)

FUNCTIONAL ACTIVITIES

WALKING AND STANDING (30 points)

1 - **Can you walk without aids (such as a cane, crutches or wheelchair)?**

(0 points)

- Yes No

2 - **If no, which of the following aid(s) do you use?**

(-10 points)

- wheelchair (-10 pts) walker (-8 pts) crutches (-8 pts)
 two canes (-6 pts) one crutch (-4 pts) one cane (-4 pts)
 knee sleeve / brace (-2 pts) other: _____

3 - **Do you use these aid(s) because of your knees?**

(0 points)

- Yes No

4 - **For how long can you stand (with or without aid) before sitting due to knee discomfort?**

(15 points)

- cannot stand (0 pts) 0-5 minutes (3 pts) 6-15 minutes (6 pts)
 16-30 minutes (9 pts) 31-60 minutes (12 pts) more than an hour (15 pts)

5 - **For how long can you walk (with or without aid) before stopping due to knee discomfort?**

(15 points)

- cannot walk (0 pts) 0-5 minutes (3 pts) 6-15 minutes (6 pts)
 16-30 minutes (9 pts) 31-60 minutes (12 pts) more than an hour (15 pts)

Maximum Points (30 points)

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STANDARD ACTIVITIES (30 points)

How much does your knee bother you during each of the following activities?	no bother	slight	moderate	severe	very severe	cannot do because of knee	I never do this activity	
	5	4	3	2	1	0	0	
1 - Walking on an uneven surface	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
2 - Turning or pivoting on your leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
3 - Climbing up or down a flight of stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
4 - Getting up from a low couch or chair without arms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
5 - Getting into or out of a car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
6 - Moving laterally (stepping to the side)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Maximum Points (30 points)								<input type="text"/>

ADVANCED ACTIVITIES (25 points)

How much does your knee bother you during each of the following activities?	no bother	slight	moderate	severe	very severe	cannot do because of knee	I never do this activity	
	5	4	3	2	1	0	0	
1 - Climbing a ladder or step stool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
2 - Carrying a shopping bag for a block	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
3 - Squatting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
4 - Kneeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
5 - Running	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Maximum Points (25 points)								<input type="text"/>

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DISCRETIONARY KNEE ACTIVITIES (15 points)

Please check 3 of the activities below that you consider *most important* to you.
(Please do not write in additional activities)

Recreational Activities

- Swimming
- Golfing (18 holes)
- Road Cycling (> 30 mins)
- Gardening
- Bowling
- Racquet Sports (Tennis, Racquetball, etc.)
- Distance Walking
- Dancing / Ballet
- Stretching Exercises (stretching out your muscles)

Workout and Gym Activities

- Weight-lifting
- Leg Extensions
- Stair-Climber
- Stationary Biking / Spinning
- Leg Press
- Jogging
- Elliptical Trainer
- Aerobic Exercises

Please copy all 3 checked activities into the empty boxes below.

How much does your knee bother you during each of these activities

Activity (Please write the 3 activities from list above)	no bother	slight	moderate	severe	very severe	cannot do because of knee	I never do this activity	
	5	4	3	2	1	0	0	

<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Maximum Points (15 points)

Maximum Total Points (100 points)

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OBJECTIVE KNEE INDICATORS (To be completed by Provider)

Charnley Functional Classification (Use Code Below): _____

- | | |
|--|---|
| A Unilateral Knee Arthritis | C1 TKR, but remote arthritis affecting ambulation |
| B1 Unilateral TKA, opposite knee arthritic | C2 TKR, but medical condition affecting ambulation |
| B2 Bilateral TKA | C3 Unilateral or Bilateral TKA with Unilateral or Bilateral THR |

ALIGNMENT

1 - Alignment: measured on AP standing Xray (Anatomic Alignment) 25 point max

Neutral: 2-10 degrees valgus (25 pts)	
Varus: < 2 degrees valgus (-10 pts)	
Valgus: > 10 degrees valgus (-10 pts)	

INSTABILITY

2 - Medial / Lateral Instability: measured in full extension 15 point max

None (15 pts)	
Little or < 5 mm (10 pts)	
Moderate or 5 mm (5 pts)	
Severe or > 5 mm (0 pts)	

3 - Anterior / Post Instability: measures at 90 degrees 10 point max

None (10 pts)	
Moderate < 5 mm (5 pts)	
Severe > 5 mm (0 pts)	

JOINT MOTION

4 - Range of Motion (1 point for each 5 degrees)

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Deductions

Flexion Contracture		Minus Points
1-5 degrees (-2 pts)		
6-10 degrees (-5 pts)		
11-15 degrees (-10 pts)		
> 15 degrees (-15 pts)		
Extensor Lag		Minus Points
< 10 degrees (-5 pts)		
10-20 degrees (-10 pts)		
> 20 degrees (-15 pts)		

Provider Signature/Title: _____ Date: _____ Time: _____