

Study Number

--	--	--	--	--



Total Or Partial Knee Arthroplasty Trial



**CONFIDENTIAL**

**Baseline Questionnaire**

**The following questionnaire is broken down into 8 sections.  
Please work through all sections from start to finish.**

**Each section asks you to indicate your answers to the question by placing a tick (✓) in the appropriate box. Please read the questions carefully and answer each one as accurately as you can.**

**There are no right or wrong answers.**

**Please try to complete the whole questionnaire even though some questions may appear similar.**

**The answers will be treated with complete confidentiality.**

**Thank you for your time in completing this questionnaire.**

**Please start here.**

**Date questionnaire filled in:**

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

--	--	--	--	--

## Section 1 – Oxford Knee Score

### PROBLEMS WITH YOUR KNEE

Please tick **ONE** box for **EVERY** question

**1. During the past 4 weeks...**

How would you describe the pain you usually have from your knee?

None

☐

Very mild

☐

Mild

☐

Moderate

☐

Severe

☐

**2. During the past 4 weeks...**

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

No trouble  
at all
☐
Very little  
trouble
☐
Moderate  
trouble
☐
Extreme  
difficulty
☐
Impossible  
to do
☐

**3. During the past 4 weeks...**

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)

No trouble  
at all
☐
Very little  
trouble
☐
Moderate  
trouble
☐
Extreme  
difficulty
☐
Impossible  
to do
☐

**4. During the past 4 weeks...**

For how long have you been able to walk before pain from your knee becomes severe? (with or without a stick)

No pain /More  
than 30  
minutes
☐
16 to 30  
minutes
☐
5 to 15  
minutes
☐
Around the  
house only
☐
Not at all /pain  
severe when  
walking
☐

**5. During the past 4 weeks...**

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

Not at all  
painful
☐
Slightly  
painful
☐
Moderately  
painful
☐

Very painful

☐

Unbearable

☐

**6. During the past 4 weeks...**

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  
of the time
☐

**7. During the past 4 weeks...**

**Could you kneel down and get up again afterwards?**

Yes,  
easily

☐

With little  
difficulty

☐

With  
moderate  
difficulty

☐

With extreme  
difficulty

☐

No,  
impossible

☐

**8. During the past 4 weeks...**

**Have you been troubled by pain from your knee in bed at night?**

No  
nights

☐

Only 1 or 2  
nights

☐

Some  
nights

☐

Most  
nights

☐

Every  
night

☐

**9. During the past 4 weeks...**

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

Not at all

☐

A little bit

☐

Moderately

☐

Greatly

☐

Totally

☐

**10. During the past 4 weeks...**

**Have you felt that your knee might suddenly 'give way' or let you down?**

Rarely/  
never

☐

Sometimes,  
or just at first

☐

Often,  
not just at  
first

☐

Most  
of the time

☐

All  
of the time

☐

**11. During the past 4 weeks...**

**Could you do the household shopping on your own?**

Yes,  
easily

☐

With little  
difficulty

☐

With  
moderate  
difficulty

☐

With extreme  
difficulty

☐

No,  
impossible

☐

**12. During the past 4 weeks...**

**Could you walk down one flight of stairs?**

Yes, easily

☐

With little  
difficulty

☐

With  
moderate  
difficulty

☐

With extreme  
difficulty

☐

No,  
impossible

☐

## Section 2 – UCLA Activity Score

Please tick one box that best describes your current activity level

- |   |                          |
|---|--------------------------|
| 1. Wholly inactive, dependent on others, and cannot leave residence   | <input type="checkbox"/> |
| 2. Mostly inactive or restricted to minimum activities of daily living  | <input type="checkbox"/> |
| 3. Sometimes participates in mild activities, such as walking, limited housework and limited shopping                     | <input type="checkbox"/> |
| 4. Regularly participates in mild activities  | <input type="checkbox"/> |
| 5. Sometimes participates in moderate activities such as swimming or could do unlimited housework or shopping             | <input type="checkbox"/> |
| 6. Regularly participates in moderate activities  | <input type="checkbox"/> |
| 7. Regularly participates in active events such as bicycling  | <input type="checkbox"/> |
| 8. Regularly participates in active events, such as golf or bowling   | <input type="checkbox"/> |
| 9. Sometimes participates in impact sports such as jogging, tennis, skiing, acrobatics, ballet, heavy work or backpacking | <input type="checkbox"/> |
| 10. Regularly participates in impact sports   | <input type="checkbox"/> |

## Section 3 – High Activity Score

Please tick the box that best describes your highest level of function in each of the four categories. Only one box per category can be ticked.

### 1. Walking

- Over rough ground > 1 hour ☐
- Unlimited on flat, rough ground with difficulty ☐
- Unlimited on flat, no rough ground ☐
- On flat at least 30 minutes ☐
- Short distances unassisted (up to 20m) ☐
- Using walking aids for short distances or worse ☐

### 2. Running

- More than 5km ☐
- Jog slowly up to 5km ☐
- Run easily across the road ☐
- Run a few steps to avoid traffic if necessary ☐
- Cannot run ☐

### 3. Stair climbing

- Climb stairs 2 at a time ☐
- Climb without handrail ☐
- Climb with handrail or stick ☐
- Cannot climb stairs ☐

### 4. Activity Level

- Competitive sports e.g. singles tennis, running >10km, cycling >80km ☐
- Social sports e.g. doubles tennis, skiing, jogging <10km, high impact aerobics ☐
- Vigorous recreational activities e.g. hill-walking, low impact aerobics, heavy gardening or manual work/farming ☐
- Moderate recreational activities e.g. golf, light gardening, light working activities ☐
- Light recreational activities e.g. short walks, lawn bowls ☐
- Required outdoor activities only e.g. short distance to shop ☐
- Housebound without assistance ☐

## Section 4 – General Health

1. In general, would you say your health is (*please tick one box only*)

Excellent ☐

Very good ☐

Good ☐

Fair ☐

Poor ☐

2. Compared to one year ago, how would you rate your health in general now?  
(*please tick one box only*)

Much better now than one year ago ☐

Somewhat better now than one year ago ☐

About the same ☐

Somewhat worse now than one year ago ☐

Much worse now than one year ago ☐

## Section 5 – General Health EUROQOL EQ-5D

For each of the five sets of statements below, please tick the one box that best describes your own health state today.

### 1. Mobility

I have no problems in walking about ☐

I have some problems in walking about ☐

I am confined to bed ☐

### 2. Self care

I have no problems with self care ☐

I have some washing or dressing myself ☐

I am unable to wash or dress myself ☐

### 3. Usual activities (e.g. work, study, housework, family or leisure activities)

I have no problems with performing my usual activities ☐

I have some problems with performing my usual activities ☐

I am unable to perform my usual activities ☐

### 4. Pain/discomfort

I have no pain or discomfort ☐

I have moderate pain or discomfort ☐

I have extreme pain or discomfort ☐

### 5. Anxiety/depression

I am not anxious or depressed ☐

I am moderately anxious or depressed ☐

I am extremely anxious or depressed ☐



## Section 6 – Health State Scale EUROQOL EQ-5D

To help people say how good or bad their health is, we have drawn a scale (rather like a thermometer) on which the **best health state** you can imagine is marked **100** the **worst health state** you can imagine is marked **0**.

We would like you to indicate on this scale how good or bad you think your own health is **today**.

Please do this by drawing a line **from the box below** to whichever point on the scale indicates how good or bad your health state is **today**.

Your own health state today

*Best imaginable  
health state*

100

—  
—  
—  
—  
—

90

—  
—  
—  
—  
—

80

—  
—  
—  
—  
—

70

—  
—  
—  
—  
—

60

—  
—  
—  
—  
—

50

—  
—  
—  
—  
—

40

—  
—  
—  
—  
—

30

—  
—  
—  
—  
—

20

—  
—  
—  
—  
—

10

—  
—  
—  
—  
—

0

*Worst imaginable  
health state*

## Section 7 – Health Services (Health Economics)

We would like to know how much contact you have had with the health service **over the last 12 months**. If you are not exactly sure, we would rather have your best guess than no information at all. Please answer every question, even if the answer is "0". For each question we are asking about the knee that is about to be, or has been, operated on in the study.

Please fill in both boxes, for example 

0	3
---	---

 if seen three times.

In the **last 12 months**, how many times have you

1. Seen your GP about your knee? 

--	--
2. Seen a practice nurse about your knee? 

--	--
3. Seen a physio or occupational therapist about your knee? 

--	--
4. Visited a hospital out-patient clinic about your knee? 

--	--
5. Been in hospital overnight because of your study knee? 

--	--

5a. If you were in hospital overnight, because of your study knee, please provide details below of each admission to hospital.

Number of nights	Name of hospital	Reason for admission

6. Visited a private practitioner such as an osteopath or chiropractor about your knee? 

--	--
7. In the **last 12 months** how many medicines or creams have you been prescribed because of your knee? 

--	--

In the **last 12 months**, approximately how much (to the nearest £) did the following items cost you? If there was no cost, please write "0".

8. Buying painkillers, creams and lotions, dressings or supports as a result of your knee. £ \_\_\_\_\_

9. Transport, parking, or other costs of visiting the GP or physio, attending exercise clinics, or other health service visits about your knee. £ \_\_\_\_\_

10. Paying to see private practitioners such as osteopaths or chiropractors about your knee. £ \_\_\_\_\_

11. If there are any other costs that you have had to pay as a result of your knee in the **last 12 months**, then please use the space below to provide us with details and an approximate figure (to the nearest £).

£ _____
---------

## Section 8 – Employment

At present, would you describe yourself as (*please tick one box only*)

Retired ☐

Not in employment ☐

In paid employment ☐

If you are in paid employment, please could you tell us:

What is your job title? \_\_\_\_\_

How many hours per week do you work? \_\_\_\_\_

Are you working your usual hours? Yes ☐ No ☐

Are you working reduced hours? Yes ☐ No ☐

Are you off sick? Yes ☐ No ☐

## **THANK YOU**

**Thank you very much for your time and patience in filling in this questionnaire. Please hand the questionnaire back to the doctor/nurse who handed it to you.**

**The information you have given us will be extremely useful in helping us carry out research. It will be treated with the strictest confidence and kept securely.**

**Thank you again for your help.**

**If you would like any further information or have any queries about the study, please contact:**

**The TOPKAT Trial Office in Oxford**

**Tel: 01865 737210**

**E-mail: [topkat@ndorms.ox.ac.uk](mailto:topkat@ndorms.ox.ac.uk)**

This study is taking place in centres across the UK but the questionnaires are being processed in Aberdeen at the Centre for Healthcare Randomised Trials (CHaRT), Health Services Research Unit, University of Aberdeen, Health Sciences Building, Foresterhill, Aberdeen AB25 2ZD.