**Pre-Operative Clinical Data Form**

Participant Study Number:\_\_\_\_\_\_\_\_\_\_\_\_

Date:**\_\_\_\_\_\_\_\_\_\_\_\_** (dd/mm/yyyy)

Date of Informed Consent:\_\_\_\_\_\_\_\_\_\_\_\_ (dd/mm/yyyy)

**1. Participant Details**

* Gender:**\_\_\_\_\_\_\_\_\_\_\_\_**
* Date of Birth:**\_\_\_\_\_\_\_\_\_\_\_\_** (dd/mm/yyyy)
* Ethnicity:**\_\_\_\_\_\_\_\_\_\_\_\_**
* Age:**\_\_\_\_\_\_\_\_\_\_\_\_**
* Height:**\_\_\_\_\_\_\_\_\_\_\_\_** (cm)
* Weight:**\_\_\_\_\_\_\_\_\_\_\_\_** (kg)
* BMI:**\_\_\_\_\_\_\_\_\_\_\_\_**

**2. Medical History**

* Do you have any known medical conditions?  
  □ No □ Yes (please specify):
* Surgical History:  
  □ None □ Yes (please list previous surgeries):
* Current Medications (including supplements):
* Allergies:  
  □ None □ Yes (please list):

**3. Preoperative Analgesia**

* Have you taken any pain relief medications in the past 24 hours?  
  □ No □ Yes (please complete the table below):

|  |  |
| --- | --- |
| Medication Name | Dosage |
|  |  |
|  |  |
|  |  |

* Regular Pain Medications Taken Prior to Surgery:  
  □ No □ Yes (please specify and frequency):

|  |  |
| --- | --- |
| Medication Name | Dosage/Frequency |
|  |  |
|  |  |
|  |  |

**Morphine Milligram Equivalent of Daily Average Opioid Use:**:\_\_\_\_\_\_\_\_\_\_\_\_

**4. Current Pain Levels**

**Pain at Rest**

No Pain

Worst Pain Possible

*Investigator use only:*  
 VAS Pain (mm):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
**Pain at Mobilisation (e.g. moving in bed, getting in/out of bed)**

No Pain

Worst Pain Possible

*Investigator use only:*  
 VAS Pain (mm):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. TSK-11**

**1. I'm afraid that I might injure myself if I exercise.**

□ Strongly disagree (1) □ Disagree(2) □ Agree (3) □ Strongly Agree (4)

**2. If I were to try to overcome it, my pain would increase.**

□ Strongly disagree (1) □ Disagree(2) □ Agree (3) □ Strongly Agree (4)

**3. My body is telling me I have something dangerously wrong.**

□ Strongly disagree (1) □ Disagree(2) □ Agree (3) □ Strongly Agree (4)

**4. People aren't taking my medical condition seriously enough.**

□ Strongly disagree (1) □ Disagree(2) □ Agree (3) □ Strongly Agree (4)

**5. My accident has put my body at risk for the rest of my life.**

□ Strongly disagree (1) □ Disagree(2) □ Agree (3) □ Strongly Agree (4)

**6. Pain always means I have injured my body.**

□ Strongly disagree (1) □ Disagree(2) □ Agree (3) □ Strongly Agree (4)

**7. Simply being careful that I do not make any unnecessary movements is the safest thing I can do to prevent my pain from worsening.**

□ Strongly disagree (1) □ Disagree(2) □ Agree (3) □ Strongly Agree (4)

**8. I wouldn't have this much pain if there weren't something potentially dangerous going on in my body.**

□ Strongly disagree (1) □ Disagree(2) □ Agree (3) □ Strongly Agree (4)

**9. Pain lets me know when to stop exercising so that I don't injure myself.**

□ Strongly disagree (1) □ Disagree(2) □ Agree (3) □ Strongly Agree (4)

**10. I can't do all the things normal people do because it's too easy for me to get injured**

□ Strongly disagree (1) □ Disagree(2) □ Agree (3) □ Strongly Agree (4)

**11. No one should have to exercise when he/she is in pain**

□ Strongly disagree (1) □ Disagree(2) □ Agree (3) □ Strongly Agree (4)

**Total TSK-11 Score:\_\_\_\_\_\_\_\_\_\_\_\_/44**

**6. Lysholm Knee Scoring**

**SECTION 1 - LIMP**   
□ I have no limp when I walk. (5)   
□ I have a slight or periodical limp when I walk. (3)   
□ I have a severe and constant limp when I walk. (0)

**SECTION 2 - Using cane or crutches**   
□ I do not use a cane or crutches. (5)   
□ I use a cane or crutches with some weight-bearing. (2)   
□ Putting weight on my hurt leg is impossible. (0)

**SECTION 3 - Locking sensation in the knee**   
□ I have no locking and no catching sensation in my knee. (15)   
□ I have a catching sensation but no locking sensation in my knee. (10)   
□ My knee locks occasionally. (6)   
□ My knee locks frequently. (2)   
□ My knee feels locked at this moment. (0)

**SECTION 4 - Giving way sensation from the knee**   
□ My knee gives way. (25)   
□ My knee rarely gives way, only during athletics or vigorous activity. (20)   
□ My knee frequently gives way during athletics or other vigorous activities. In turn I am unable to participate in these activities. (15)   
□ My knee frequently gives way during daily activities. (10)   
□ My knee often gives way during daily activities. (5)   
□ My knee gives way every step I take. (0)

**SECTION 5 – PAIN**   
□ I have no pain in my knee. (25)   
□ I have intermittent or slight pain in my knee during vigorous activities. (20)   
□ I have marked pain in my knee during vigorous activities. (15)   
□ I have marked pain in my knee during or after walking more than 1 mile. (10)   
□ I have marked pain in my knee during or after walking less than 1 mile. (5)   
□ I have constant pain in my knee. (0)

**SECTION 6 – SWELLING**   
□ I have swelling in my knee. (10)   
□ I have swelling in my knee on1y after vigorous activities. (6)   
□ I have swelling in my knee after ordinary activities. (2)   
□ I have swelling constantly in my knee. (0)

**SECTION 7 – CLIMBING STAIRS**   
□ I have no problems climbing stairs. (10)   
□ I have slight problems climbing stairs. (6)   
□ I can climb stairs only one at a time. (2)   
□ Climbing stairs is impossible for me. (0)

**SECTION 8 – SQUATTING**   
□ I have no problems squatting. (5)   
□ I have slight problems squatting. (4)   
□ I cannot squat beyond a 90deg. Bend in my knee. (1)   
□ Squatting is impossible because of my knee. (0)

**Total Lysholm Score:\_\_\_\_\_\_\_\_\_\_\_\_/100**

**7. KOOS-QoL**

* **How often are you aware of your knee problems?**

□ Never (0) □ Monthly (1) □ Weekly (2) □ Daily (3) □ Constantly (4)

* **Have you modified your lifestyle to avoid activities potentially damaging to your knee?**

□ Never (0) □ Monthly (1) □ Weekly (2) □ Daily (3) □ Constantly (4)

* **How much are you troubled with lack of confidence in your knee?**

□ Never (0) □ Monthly (1) □ Weekly (2) □ Daily (3) □ Constantly (4)  
  
  
*Please turn over*

* **In general, how much difficulty do you have with your knee?**

□ Never (0) □ Monthly (1) □ Weekly (2) □ Daily (3) □ Constantly (4)

**Total KOOS-QoL Score:\_\_\_\_\_\_\_\_\_\_\_\_/16**

**Week 2 Follow-up Data Form**

Participant Study Number:\_\_\_\_\_\_\_\_\_\_\_\_

Date:**\_\_\_\_\_\_\_\_\_\_\_\_** (dd/mm/yyyy)

**Lysholm Knee Scoring**

**SECTION 1 - LIMP**   
□ I have no limp when I walk. (5)   
□ I have a slight or periodical limp when I walk. (3)   
□ I have a severe and constant limp when I walk. (0)

**SECTION 2 - Using cane or crutches**   
□ I do not use a cane or crutches. (5)   
□ I use a cane or crutches with some weight-bearing. (2)   
□ Putting weight on my hurt leg is impossible. (0)

**SECTION 3 - Locking sensation in the knee**   
□ I have no locking and no catching sensation in my knee. (15)   
□ I have a catching sensation but no locking sensation in my knee. (10)   
□ My knee locks occasionally. (6)   
□ My knee locks frequently. (2)   
□ My knee feels locked at this moment. (0)

**SECTION 4 - Giving way sensation from the knee**   
□ My knee gives way. (25)   
□ My knee rarely gives way, only during athletics or vigorous activity. (20)   
□ My knee frequently gives way during athletics or other vigorous activities. In turn I am unable to participate in these activities. (15)   
□ My knee frequently gives way during daily activities. (10)   
□ My knee often gives way during daily activities. (5)   
□ My knee gives way every step I take. (0)

**SECTION 5 – PAIN**   
□ I have no pain in my knee. (25)   
□ I have intermittent or slight pain in my knee during vigorous activities. (20)   
□ I have marked pain in my knee during vigorous activities. (15)   
□ I have marked pain in my knee during or after walking more than 1 mile. (10)   
□ I have marked pain in my knee during or after walking less than 1 mile. (5)   
□ I have constant pain in my knee. (0)

**SECTION 6 – SWELLING**   
□ I have swelling in my knee. (10)   
□ I have swelling in my knee on1y after vigorous activities. (6)   
□ I have swelling in my knee after ordinary activities. (2)   
□ I have swelling constantly in my knee. (0)

**SECTION 7 – CLIMBING STAIRS**   
□ I have no problems climbing stairs. (10)   
□ I have slight problems climbing stairs. (6)   
□ I can climb stairs only one at a time. (2)   
□ Climbing stairs is impossible for me. (0)

**SECTION 8 – SQUATTING**   
□ I have no problems squatting. (5)   
□ I have slight problems squatting. (4)   
□ I cannot squat beyond a 90deg. Bend in my knee. (1)   
□ Squatting is impossible because of my knee. (0)

**Total Lysholm Score:\_\_\_\_\_\_\_\_\_\_\_\_/100**

**KOOS-QoL**

* **How often are you aware of your knee problems?**

□ Never (0) □ Monthly (1) □ Weekly (2) □ Daily (3) □ Constantly (4)

* **Have you modified your lifestyle to avoid activities potentially damaging to your knee?**

□ Never (0) □ Monthly (1) □ Weekly (2) □ Daily (3) □ Constantly (4)

* **How much are you troubled with lack of confidence in your knee?**

□ Never (0) □ Monthly (1) □ Weekly (2) □ Daily (3) □ Constantly (4)

* **In general, how much difficulty do you have with your knee?**

□ Never (0) □ Monthly (1) □ Weekly (2) □ Daily (3) □ Constantly (4)

**Total KOOS-QoL Score:\_\_\_\_\_\_\_\_\_\_\_\_/16**

**Week 8 Follow-up Data Form**

Participant Study Number:\_\_\_\_\_\_\_\_\_\_\_\_

Date:**\_\_\_\_\_\_\_\_\_\_\_\_** (dd/mm/yyyy)

**Lysholm Knee Scoring**

**SECTION 1 - LIMP**   
□ I have no limp when I walk. (5)   
□ I have a slight or periodical limp when I walk. (3)   
□ I have a severe and constant limp when I walk. (0)

**SECTION 2 - Using cane or crutches**   
□ I do not use a cane or crutches. (5)   
□ I use a cane or crutches with some weight-bearing. (2)   
□ Putting weight on my hurt leg is impossible. (0)

**SECTION 3 - Locking sensation in the knee**   
□ I have no locking and no catching sensation in my knee. (15)   
□ I have a catching sensation but no locking sensation in my knee. (10)   
□ My knee locks occasionally. (6)   
□ My knee locks frequently. (2)   
□ My knee feels locked at this moment. (0)

**SECTION 4 - Giving way sensation from the knee**   
□ My knee gives way. (25)   
□ My knee rarely gives way, only during athletics or vigorous activity. (20)   
□ My knee frequently gives way during athletics or other vigorous activities. In turn I am unable to participate in these activities. (15)   
□ My knee frequently gives way during daily activities. (10)   
□ My knee often gives way during daily activities. (5)   
□ My knee gives way every step I take. (0)

**SECTION 5 – PAIN**   
□ I have no pain in my knee. (25)   
□ I have intermittent or slight pain in my knee during vigorous activities. (20)   
□ I have marked pain in my knee during vigorous activities. (15)   
□ I have marked pain in my knee during or after walking more than 1 mile. (10)   
□ I have marked pain in my knee during or after walking less than 1 mile. (5)   
□ I have constant pain in my knee. (0)

**SECTION 6 – SWELLING**   
□ I have swelling in my knee. (10)   
□ I have swelling in my knee on1y after vigorous activities. (6)   
□ I have swelling in my knee after ordinary activities. (2)   
□ I have swelling constantly in my knee. (0)

**SECTION 7 – CLIMBING STAIRS**   
□ I have no problems climbing stairs. (10)   
□ I have slight problems climbing stairs. (6)   
□ I can climb stairs only one at a time. (2)   
□ Climbing stairs is impossible for me. (0)

**SECTION 8 – SQUATTING**   
□ I have no problems squatting. (5)   
□ I have slight problems squatting. (4)   
□ I cannot squat beyond a 90deg. Bend in my knee. (1)   
□ Squatting is impossible because of my knee. (0)

**Total Lysholm Score:\_\_\_\_\_\_\_\_\_\_\_\_/100**

**KOOS-QoL**

* **How often are you aware of your knee problems?**

□ Never (0) □ Monthly (1) □ Weekly (2) □ Daily (3) □ Constantly (4)

* **Have you modified your lifestyle to avoid activities potentially damaging to your knee?**

□ Never (0) □ Monthly (1) □ Weekly (2) □ Daily (3) □ Constantly (4)

* **How much are you troubled with lack of confidence in your knee?**

□ Never (0) □ Monthly (1) □ Weekly (2) □ Daily (3) □ Constantly (4)

* **In general, how much difficulty do you have with your knee?**

□ Never (0) □ Monthly (1) □ Weekly (2) □ Daily (3) □ Constantly (4)

**Total KOOS-QoL Score:\_\_\_\_\_\_\_\_\_\_\_\_/16**