

Codebook hip/ knee orthopaedic research databases

Initiative

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Codebook hip/ knee

Contents

About this codebook	3
General information	4
Pain	7
Function	7
<i>WOMAC score (general)</i>	7
Health related quality of life	9
<i>EQ-5D 3L</i>	9
<i>EQ-5D 5L</i>	10
<i>SF-12 version 1</i>	11
<i>SF-12 version 2</i>	12
<i>SF-36 version 1</i>	14
<i>SF-36 version 2</i>	18
Hospital Anxiety and Depression Score (HADS)	23
Hip specific questionnaires	24
<i>Hip Injury and Osteoarthritis Outcome Score - Physical Function Short Form (HOOS-PS)</i>	24
<i>Hip Injury and Osteoarthritis Outcome Score (HOOS)</i>	24
<i>Oxford Hip Score (OHS) (Dutch order)</i>	28
<i>Harris Hip Score (HHS)</i>	30
<i>WOMAC score (hip)</i>	31
Knee specific questionnaires	34
<i>Knee injury and Osteoarthritis Outcome Score - Physical Function Short Form (KOOS-PS)</i>	34
<i>Knee injury and Osteoarthritis Outcome Score (KOOS)</i>	35
<i>Oxford knee score (OKS)</i>	39
<i>Knee society score (KSS)</i>	40
<i>IKDC Subjective knee evaluation form</i>	41
<i>WOMAC score (knee)</i>	43

About this codebook

This codebook consists of different variables/ questionnaires that are frequently used in orthopaedic research concerning the hip and knee. It is not intended to recommend any questionnaire over another one, but when the questionnaires has been chosen researchers can use this codebook to name and label their variables. We advise to use the variable names, labels and values as described in this codebook to create an uniform format for Orthopaedic research databases. This will greatly facilitate a future exchange and pooling of data. The Dutch Arthroplasty Register was taken as the leading format, with some changes because of discrepancies or inconsistencies.

Goal

The goal of this codebook is to create an uniform format for databases across the Netherlands so that databases can be exchanged and merged in an easy way. English language is used, so that international collaboration is possible. However, the Dutch versions of the questionnaires were used.

Values

Please pay attention to the values. Most are coded as lowest is best (e.g. no trouble at all) and highest is worst (e.g. impossible to do). However, sometimes scores are coded the other way around. This is done on purpose as it is needed in this way to be able to calculate the total score (e.g. HADS, Oxford).

Missings

Missing values should be reported as an empty cell.

Different versions questionnaires

As stated above, we used the Dutch version of questionnaires. Different versions of questionnaires exist for example EQ-5D 3L and EQ-5D 5L, referring to 3 or 5 answering categories. There are also different versions of the SF-36 (version 1 and 2) and the WOMAC; one specific for hip, one specific for knee and a “general” version. These are distinguished by giving different names to these different versions. In addition, the order of the OHS differs between the English and Dutch version. We used the order of the Dutch version, thus caution is needed when using syntaxes from English speaking countries. Furthermore, the answering categories of the HOOS and KOOS Q3 differ in direction compared to the other questions and thus have to be recoded differently.

Variable name	Label	Values
General information		
IDH	Hospital ID	
IDPTN	Patient ID	
GENDER	gender	0 = Male 1 = Female
DATBIRTH	Date of birth	dd/mm/yyyy
AGE	Age	Years
DATQ	Date completion questionnaire	dd/mm/yyyy
AJOINT	Which joint(s) is/are affected?	1 = Hip 2 = Knee 3 = Ankle 4 = Shoulder 5 = Elbow 6 = Wrist 9 = Other
AJOINTOTHER	If other, specify	
TJOINT	For which joint is the patient under treatment?	1 = Hip 2 = Knee 3 = Ankle 4 = Shoulder 5 = Elbow 6 = Wrist 9 = Other
TJOINTOTHER	If other, specify	
SIDE	Which side of the body?	1 = Right 2 = Left
DOS	Date of surgery	yyyy/mm/dd
SYEAR	Year of surgery	yyyy
SMONTH	Month of surgery	mm
SDUR	Duration of surgery	minutes
DOR	Date of Revision	yyyy/mm/dd
RYEAR	Year of revision	yyyy
RMONTH	Month of revision	mm
RDUR	Duration of revision surgery	minutes
TIMETOREV	Time to revision	Weeks
TIMETOFUP	Time to follow up	Weeks
DIAGH	Diagnosis hip	0 = Osteoarthritis 1 = Dysplasia 2 = Rheumatoid arthritis 3 = Fracture (acute) 4 = Osteonecrosis 5 = Post-Perthes 10 = Tumour, primary 11 = Tumour, metastasis 12 = Late posttraumatic 13 = Inflammatory arthritis 9 = Other
DIAGK	Diagnosis knee	0 = Osteoarthritis 1 = Posttraumatic

		2 = Reumatoid arthritis 3 = Osteonecrosis 6 = Tumour, primair 7 = Tumour, metastasis 8 = Inflammatory arthritis 9 = Other
OKTYP	Type of surgery	1 = Primary 2 = Revision
PROSTH	Prosthesis Hip	0 = Total hipprosthesis (THP) 1 = Hemiprosthesis 2 = Resurfacing 9 = Other
PROSTK	Prosthesis Knee	0 = Unicondylar knee prosthesis 1 = Total knee prosthesis (TKP) 2 = Patellofemoral knee prosthesis 9 = Other
OTHPRO	If other prosthesis, specify	
APPRH	Approach hip	0 = Straight lateral 1 = Posterolateral 2 = Anterolateral 3 = Anterior 4 = Trochanter Osteotomy 9 = Other
APPR	Approach knee	0 = Medial parapattelar 1 = Lateral parapattelar 2 = Vastus (mid/sub) 9 = Other
OTHAPPR	If other approach, specify	
BONEG	Bonegraft used	0 = No 1 = Yes, autograft 2 = Yes, allograft 3 = Yes, combination of both
PREOP	Operations before primary hip or knee implant	0 = No 1 = Yes
OSTEOSY	Osteosynthesis	0 = No 1 = Yes
OSTEOTO	Osteotomy	0 = No 1 = Yes
ARTHRO	Arthrodesis	0 = No 1 = Yes
GIRD	Girdlestone	0 = No 1 = Yes
ARTHROS	Arthroscopy	0 = No 1 = Yes
MENISCE	Meniscectomy	0 = No 1 = Yes
ACLREC	ACL-reconstruction	0 = No 1 = Yes
SYNOVET	Synovectomy	0 = No 1 = Yes

PATREALP	Patella realignment procedure	0 = No 1 = Yes
OTHERPREO	Other previous operations?	0 = No 1 = Yes
FIX	Fixation	0 = Uncemented 1 = Hybrid 2 = Cemented
CEMA	If hybrid, acetabulum cemented	0 = No 1 = Yes
CEMF	If hybrid, femur cemented	0 = No 1 = Yes
CEMT	If hybrid, tibia cemented	0 = No 1 = Yes
CEMP	If hybrid, patella cemented	0 = No 1 = Yes
CEMUSL	Lavage	0 = No 1 = Yes
CEMUSV	Vacuum (mix)	0 = No 1 = Yes
CEMUSP	Pressurising	0 = No 1 = Yes
MORECE	More than one type of cement used	0 = No 1 = Yes
FUS	Follow-up status	1 = Alive 2 = Dead 3 = Unknown
SMOK	Current smoker	0 = No 1 = Yes
ASA	American Society of Anesthesiologists' Classification	1 = Health person 2 = Mild systemic disease 3 = Severe systematic disease 4 = Severe systematic disease 5 = A moribund person who is not expected to survive without the operation 6 = A declared brain-dead person whose organs are being removed for donor purposes
CHARN	Charnley score	0 = Single joint with OA 1 = Bilateral joints with OA 2 = Previous total arthroplasty on contralateral joint 3 = Multiple joints affected with OA or chronic disease that affects quality of life
INF	Prosthesis related infection	0 = No 1 = Yes
LENGTH	Length (cm)	Centimeters
WEIGHT	Weight (kg)	Kilogram
BMI	Body mass index	kg/m ² (2 decimals)
MAR	Marital status	1 = Single

		2 = Married/ living together 3 = Divorced 4 = Widowed 5 = Living apart together (LAT) 9 = Other
Pain		
PAINREST	What is the amount of pain you have experienced in your joint the last week in rest?	Numeric 0 (no pain)-10 (very severe pain)
PAINACT	What is the amount of pain experienced in your joint in the last week during loading?	Numeric 0 (no pain)-10 (very severe pain)
Function		
FLEX	Flexion	Degrees
EXT	Extension	Degrees
ABD	Abduction	Degrees
ADD	Adduction	Degrees
EROT	External rotation	Degrees
IROT	Internal rotation	Degrees
SMWT	6-minute walk test	Meters
WOMAC score (general)		
WOMAC_P1	How much pain do you have walking on flat surface	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
WOMAC_P2	How much pain do you have going up or down stairs	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
WOMAC_P3	How much pain do you have at night while in bed	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
WOMAC_P4	How much pain do you have sitting or lying	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
WOMAC_P5	How much pain do you have standing upright	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
WOMAC_S6	How severe is your stiffness after first wakening in the morning?	0 = None 1 = Mild 2 = Moderate 3 = Severe

		4 = Extreme
WOMAC_S7	How severe is your stiffness after sitting, lying or resting later in the day?	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
WOMAC_A8	What degree of difficulty do you have descending stairs	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
WOMAC_A9	What degree of difficulty do you have ascending stairs	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
WOMAC_A10	What degree of difficulty do you have rising from sitting	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
WOMAC_A11	What degree of difficulty do you have standing	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
WOMAC_A12	What degree of difficulty do you have bending to floor/pick up an object	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
WOMAC_A13	What degree of difficulty do you have walking on flat surface	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
WOMAC_A14	What degree of difficulty do you have getting in/out of car	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
WOMAC_A15	What degree of difficulty do you have going shopping	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
WOMAC_A16	What degree of difficulty do you have putting on socks/stockings	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme

WOMAC_A17	What degree of difficulty do you have rising from bed	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
WOMAC_A18	What degree of difficulty do you have taking off socks/stockings	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
WOMAC_A19	What degree of difficulty do you have lying in bed	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
WOMAC_A20	What degree of difficulty do you have getting in/out of bath	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
WOMAC_A21	What degree of difficulty do you have sitting	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
WOMAC_A22	What degree of difficulty do you have getting on/off toilet	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
WOMAC_A23	What degree of difficulty do you have heavy domestic duties (moving heavy boxes, scrubbing floors, etc)	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
WOMAC_A24	What degree of difficulty do you have light domestic duties (cooking, dusting, etc)	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
Health related quality of life		
<i>EQ-5D 3L</i>		
EQ5D_1	Mobility	1 = I have no problems in walking about 2 = I have some problems in walking about 3 = I am confined to bed
EQ5D_2	Self-Care	1 = I have no problems with self-care 2 = I have some problems washing or dressing myself

		3 = I am unable to wash or dress myself
EQ5D_3	Usual Activities (e.g. work, study, housework, family or leisure activities)	1 = I have no problems with performing my usual activities 2 = I have some problems with performing my usual activities 3 = I am unable to perform my usual activities
EQ5D_4	Pain/Discomfort	1 = I have no pain or discomfort 2 = I have moderate pain or discomfort 3 = I have extreme pain or discomfort
EQ5D_5	Anxiety/Depression	1 = I am not anxious or depressed 2 = I am moderately anxious or depressed 3 = I am extremely anxious or depressed
EQ5D_VAS	We would like you to indicate on this scale how good or bad your own health is today, in your opinion.	0 (worst state) - 100 (best state)
<i>EQ-5D 5L</i>		
EQ5D5_1	Mobility	1 = I have no problems in walking about 2 = I have slight problems in walking about 3 = I have moderate problems in walking about 4 = I have severe problems in walking about 5 = I am unable to walk about
EQ5D5_2	Self-Care	1 = I have no problems with washing or dressing myself 2 = I have slight problems in washing or dressing myself 3 = I have moderate problems in washing or dressing myself 4 = I have severe problems in washing or dressing myself 5 = I am unable to wash or dress myself
EQ5D5_3	Usual Activities (e.g. work, study, housework, family or leisure activities)	1 = I have no problems doing my usual activities 2 = I have slight problems doing my usual activities 3 = I have moderate problems doing my usual activities 4 = I have severe problems doing my usual activities

		5 = I am unable to do my usual activities
EQ5D5_4	Pain/Discomfort	1 = I have no pain or discomfort 2 = I have slight pain or discomfort 3 = I have moderate pain or discomfort 4 = I have severe pain or discomfort 5 = I have extreme pain or discomfort
EQ5D5_5	Anxiety/Depression	1 = I am not anxious or depressed 2 = I am slightly anxious or depressed 3 = I am moderately anxious or depressed 4 = I am severely anxious or depressed 5 = I am extremely anxious or depressed
EQ5D5_VAS	We would like you to indicate on this scale how good or bad your own health is today, in your opinion.	0 (worst state) - 100 (best state)
<i>SF-12 version 1</i>		
SF12_1	In general, would you say your health is:	1 = Excellent 2 = Very good 3 = Good 4 = Fair 5 = Poor
SF12_2a	Does your health now limit you in moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf? If so, how much?	1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all
SF12_2b	Does your health now limit you in climbing several flights of stairs? If so, how much?	1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all
SF12_3a	During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health? Accomplished less than you would like?	1 = Yes 2 = No
SF12_3b	During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical	1 = Yes 2 = No

	health? Were limited in the kind of work or other activities	
SF12_4a	During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)? Accomplished less than you would like?	1 = Yes 2 = No
SF12_4b	During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)? Did work or other activities less carefully than usual?	1 = Yes 2 = No
SF12_5	During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?	1 = Not at all 2 = A little bit 3 = Moderately 4 = Quite a bit 5 = Extremely
SF12_6a	How much of the time during the past 4 weeks... have you felt calm and peaceful?	1 = All of the time 2 = Most of the time 3 = A good bit of the time 4 = Some of the time 5 = A little of the time 6 = None of the time
SF12_6b	How much of the time during the past 4 weeks... did you have a lot of energy?	1 = All of the time 2 = Most of the time 3 = A good bit of the time 4 = Some of the time 5 = A little of the time 6 = None of the time
SF12_6c	How much of the time during the past 4 weeks... have you felt downhearted and blue?	1 = All of the time 2 = Most of the time 3 = A good bit of the time 4 = Some of the time 5 = A little of the time 6 = None of the time
SF12_7	During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?	1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time
<i>SF-12 version 2</i>		
SF12_1	In general, would you say your	1 = Excellent

	health is:	2 = Very good 3 = Good 4 = Fair 5 = Poor
SF12_2a	Does your health now limit you in moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf? If so, how much?	1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all
SF12_2b	Does your health now limit you in climbing several flights of stairs? If so, how much?	1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all
SF12_3a	During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health? Accomplished less than you would like?	1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time
SF12_3b	During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health? Were limited in the kind of work or other activities	1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time
SF12_4a	During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)? Accomplished less than you would like?	1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time
SF12_4b	During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)? Did work or other activities less carefully than usual?	1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time
SF12_5	During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?	1 = Not at all 2 = A little bit 3 = Moderately 4 = Quite a bit 5 = Extremely
SF12_6a	How much of the time during the past 4 weeks... have you	1 = All of the time 2 = Most of the time

	felt calm and peaceful?	3 = Some of the time 4 = A little of the time 5 = None of the time
SF12_6b	How much of the time during the past 4 weeks... did you have a lot of energy?	1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time
SF12_6c	How much of the time during the past 4 weeks... have you felt downhearted and blue?	1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time
SF12_7	During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?	1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time
<i>SF-36 version 1</i>		
SF36_1	In general, would you say your health is:	1 = Excellent 2 = Very good 3 = Good 4 = Fair 5 = Poor
SF36_2	Compared to one year ago, how would you rate your health in general now?	1 = Much better now than one year ago 2 = Somewhat better now than one year ago 3 = About the same 4 = Somewhat worse now than one year ago 5 = Much worse than one year ago
SF36_3a	The following items are about activities you might do during a typical day. Does your health now limit you in vigorous activities, such as running, lifting heavy objects, participating in strenuous sports?	1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all
SF36_3b	The following items are about activities you might do during a typical day. Does your health now limit you in moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?	1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all
SF36_3c	The following items are about	1 = Yes, limited a lot

	activities you might do during a typical day. Does your health now limit you in lifting or carrying groceries?	2 = Yes, limited a little 3 = No, not limited at all
SF36_3d	The following items are about activities you might do during a typical day. Does your health now limit you in climbing several flights of stairs?	1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all
SF36_3e	The following items are about activities you might do during a typical day. Does your health now limit you in climbing one flight of stairs?	1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all
SF36_3f	The following items are about activities you might do during a typical day. Does your health now limit you in bending, kneeling, or stooping?	1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all
SF36_3g	The following items are about activities you might do during a typical day. Does your health now limit you in Walking more than a mile?	1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all
SF36_3h	The following items are about activities you might do during a typical day. Does your health now limit you in Walking several blocks?	1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all
SF36_3i	The following items are about activities you might do during a typical day. Does your health now limit you in Walking one block?	1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all
SF36_3j	The following items are about activities you might do during a typical day. Does your health now limit you in Bathing or dressing yourself?	1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all
SF36_4a	During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health? Cut down the amount of time you spent on work or other activities?	1 = Yes 2 = No
SF36_4b	During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as	1 = Yes 2 = No

	a result of your physical health? Accomplished less than you would like?	
SF36_4c	During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health? Were limited in the kind of work or other activities?	1 = Yes 2 = No
SF36_4d	During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health? Had difficulty performing the work or other activities (for example, it took extra effort)?	1 = Yes 2 = No
SF36_5a	During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)? Cut down the amount of time you spent on work or other activities	1 = Yes 2 = No
SF36_5b	During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)? Accomplished less than you would like	1 = Yes 2 = No
SF36_5c	During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)? Didn't do work or other activities as carefully as usual	1 = Yes 2 = No
SF36_6	Emotional problems interfered with your normal social activities with family, friends,	1 = Not at all 2 = A little bit 3 = Moderately

	neighbors, or groups?	4 = Quite a bit 5 = Extremely
SF36_7	How much bodily pain have you had during the past 4 weeks?	1 = None 2 = Very mild 3 = Mild 4 = Moderate 5 = Severe 6 = Very Severe
SF36_8	During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?	1 = Not at all 2 = A little bit 3 = Moderately 4 = Quite a bit 5 = Extremely
SF36_9a	Did you feel full of pep during the last 4 weeks?	1 = All of the time 2 = Most of the time 3 = A good bit of the time 4 = Some of the time 5 = A little of the time 6 = None of the time
SF36_9b	Have you been a very nervous person during the last 4 weeks?	1 = All of the time 2 = Most of the time 3 = A good bit of the time 4 = Some of the time 5 = A little of the time 6 = None of the time
SF36_9c	Have you felt so down in the dumps that nothing could cheer you up during the last 4 weeks?	1 = All of the time 2 = Most of the time 3 = A good bit of the time 4 = Some of the time 5 = A little of the time 6 = None of the time
SF36_9d	Have you felt calm and peaceful during the last 4 weeks?	1 = All of the time 2 = Most of the time 3 = A good bit of the time 4 = Some of the time 5 = A little of the time 6 = None of the time
SF36_9e	Did you have a lot of energy during the last 4 weeks?	1 = All of the time 2 = Most of the time 3 = A good bit of the time 4 = Some of the time 5 = A little of the time 6 = None of the time
SF36_9f	Have you felt downhearted and blue during the last 4 weeks?	1 = All of the time 2 = Most of the time 3 = A good bit of the time 4 = Some of the time 5 = A little of the time 6 = None of the time
SF36_9g	Did you feel worn out during the last 4 weeks?	1 = All of the time 2 = Most of the time

		3 = A good bit of the time 4 = Some of the time 5 = A little of the time 6 = None of the time
SF36_9h	Have you been a happy person during the last 4 weeks?	1 = All of the time 2 = Most of the time 3 = A good bit of the time 4 = Some of the time 5 = A little of the time 6 = None of the time
SF36_9i	Did you feel tired during the last 4 weeks?	1 = All of the time 2 = Most of the time 3 = A good bit of the time 4 = Some of the time 5 = A little of the time 6 = None of the time
SF36_10	During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?	1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time
SF36_11a	I seem to get sick a little easier than other people	1 = Definitely true 2 = Mostly true 3 = Don't know 4 = Mostly false 5 = Definitely false
SF36_11b	I am as healthy as anybody I know	1 = Definitely true 2 = Mostly true 3 = Don't know 4 = Mostly false 5 = Definitely false
SF36_11c	I expect my health to get worse	1 = Definitely true 2 = Mostly true 3 = Don't know 4 = Mostly false 5 = Definitely false
SF36_11d	My health is excellent	1 = Definitely true 2 = Mostly true 3 = Don't know 4 = Mostly false 5 = Definitely false
<i>SF-36 version 2</i>		
SF36_1	In general, would you say your health is:	1 = Excellent 2 = Very good 3 = Good 4 = Fair 5 = Poor
SF36_2	Compared to one year ago, how would you rate your	1 = Much better now than one year ago

	health in general now?	2 = Somewhat better now than one year ago 3 = About the same 4 = Somewhat worse now than one year ago 5 = Much worse than one year ago
SF36_3a	The following items are about activities you might do during a typical day. Does your health now limit you in vigorous activities, such as running, lifting heavy objects, participating in strenuous sports?	1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all
SF36_3b	The following items are about activities you might do during a typical day. Does your health now limit you in moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?	1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all
SF36_3c	The following items are about activities you might do during a typical day. Does your health now limit you in lifting or carrying groceries?	1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all
SF36_3d	The following items are about activities you might do during a typical day. Does your health now limit you in climbing several flights of stairs?	1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all
SF36_3e	The following items are about activities you might do during a typical day. Does your health now limit you in climbing one flight of stairs?	1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all
SF36_3f	The following items are about activities you might do during a typical day. Does your health now limit you in bending, kneeling, or stooping?	1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all
SF36_3g	The following items are about activities you might do during a typical day. Does your health now limit you in Walking more than a mile?	1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all
SF36_3h	The following items are about activities you might do during a typical day. Does your health	1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all

	now limit you in Walking several blocks?	
SF36_3i	The following items are about activities you might do during a typical day. Does your health now limit you in Walking one block?	1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all
SF36_3j	The following items are about activities you might do during a typical day. Does your health now limit you in Bathing or dressing yourself?	1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all
SF36_4a	During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health? Cut down the amount of time you spent on work or other activities?	1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time
SF36_4b	During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health? Accomplished less than you would like?	1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time
SF36_4c	During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health? Were limited in the kind of work or other activities?	1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time
SF36_4d	During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health? Had difficulty performing the work or other activities (for example, it took extra effort)?	1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time
SF36_5a	During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)? Cut	1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time

	down the amount of time you spent on work or other activities	
SF36_5b	During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)? Accomplished less than you would like	1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time
SF36_5c	During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)? Didn't do work or other activities as carefully as usual	1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time
SF36_6	Emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?	1 = Not at all 2 = A little bit 3 = Moderately 4 = Quite a bit 5 = Extremely
SF36_7	How much bodily pain have you had during the past 4 weeks?	1 = None 2 = Very mild 3 = Mild 4 = Moderate 5 = Severe 6 = Very Severe
SF36_8	During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?	1 = Not at all 2 = A little bit 3 = Moderately 4 = Quite a bit 5 = Extremely
SF36_9a	Did you feel full of pep during the last 4 weeks?	1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time
SF36_9b	Have you been a very nervous person during the last 4 weeks?	1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time
SF36_9c	Have you felt so down in the dumps that nothing could cheer you up during the last 4	1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time

	weeks?	5 = None of the time
SF36_9d	Have you felt calm and peaceful during the last 4 weeks?	1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time
SF36_9e	Did you have a lot of energy during the last 4 weeks?	1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time
SF36_9f	Have you felt downhearted and blue during the last 4 weeks?	1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time
SF36_9g	Did you feel worn out during the last 4 weeks?	1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time
SF36_9h	Have you been a happy person during the last 4 weeks?	1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time
SF36_9i	Did you feel tired during the last 4 weeks?	1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time
SF36_10	During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?	1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time
SF36_11a	I seem to get sick a little easier than other people	1 = Definitely true 2 = Mostly true 3 = Don't know 4 = Mostly false 5 = Definitely false
SF36_11b	I am as healthy as anybody I know	1 = Definitely true 2 = Mostly true 3 = Don't know 4 = Mostly false 5 = Definitely false
SF36_11c	I expect my health to get worse	1 = Definitely true 2 = Mostly true 3 = Don't know 4 = Mostly false

		5 = Definitely false
SF36_11d	My health is excellent	1 = Definitely true 2 = Mostly true 3 = Don't know 4 = Mostly false 5 = Definitely false
Hospital Anxiety and Depression Score (HADS)		
HADS_A1	I feel tense or 'wound up':	3 = Most of the time 2 = A lot of the time 1 = From time to time, occasionally 0 = Not at all
HADS_D1	I still enjoy the things I used to enjoy:	3 = Definitely as much 2 = Not quite so much 1 = Only a little 0 = Hardly at all
HADS_A2	I get a sort of frightened feeling as if something awful is about to happen:	3 = Very definitely and quite badly 2 = Yes, but not too badly 1 = A little, but it doesn't worry me 0 = Not at all
HADS_D2	I can laugh and see the funny side of things:	0 = As much as I always could 1 = Not quite so much now 2 = Definitely not so much now 3 = Not at all
HADS_A3	Worrying thoughts go through my mind:	3 = A great deal of the time 2 = A lot of the time 1 = From time to time, but not too often 0 = Only occasionally
HADS_D3	I feel cheerful:	3 = Not at all 2 = Not often 1 = Sometimes 0 = Most of the time
HADS_A4	I can sit at ease and feel relaxed:	0 = Definitely 1 = Usually 2 = Not Often 3 = Not at all
HADS_D4	I feel as if I am slowed down:	3 = Nearly all the time 2 = Very often 1 = Sometimes 0 = Not at all
HADS_A5	I get a sort of frightened feeling like 'butterflies' in the stomach:	0 = Not at all 1 = Occasionally 2 = Quite Often 3 = Very Often
HADS_D5	I have lost interest in my appearance:	3 = Definitely 2 = I don't take as much care as I should 1 = I may not take quite as

		much care 0 = I take just as much care as ever
HADS_A6	I feel restless as I have to be on the move:	3 = Very much indeed 2 = Quite a lot 1 = Not very much 0 = Not at all
HADS_D6	I look forward with enjoyment to things:	0 = As much as I ever did 1 = Rather less than I used to 2 = Definitely less than I used to 3 = Hardly at all
HADS_A7	I get sudden feelings of panic:	3 = Very often indeed 2 = Quite often 1 = Not very often 0 = Not at all
HADS_D7	I can enjoy a good book or radio or TV program:	0 = Often 1 = Sometimes 2 = Not often 3 = Very seldom

Hip specific questionnaires

Hip Injury and Osteoarthritis Outcome Score - Physical Function Short Form (HOOS-PS)

HOOSPS_1	Difficulty descending stairs	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
HOOSPS_2	Difficulty getting in/out of bath or shower	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
HOOSPS_3	Difficulty sitting	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
HOOSPS_4	Difficulty running	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
HOOSPS_5	Difficulty twisting/pivoting on your loaded leg	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme

Hip Injury and Osteoarthritis Outcome Score (HOOS)

HOOS_S1	Do you feel grinding, hear clicking or any other type of noise from you hip?	0 = Never 1 = Rarely 2 = Sometimes
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		3 = Often 4 = Always
HOOS_S2	Difficulties spreading legs wide apart	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
HOOS_S3	Difficulties to stride out when walking	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
HOOS_S4	How severe is your hip joint stiffness after first wakening in the morning?	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
HOOS_S5	How severe is your hip stiffness after sitting, lying or resting later in the day?	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
HOOS_P1	How often is your hip painful?	0 = Never 1 = Monthly 2 = Weekly 3 = Daily 4 = Always
HOOS_P2	Straightening your hip fully	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
HOOS_P3	Bending your hip fully	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
HOOS_P4	Walking on flat surface	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
HOOS_P5	Going up or down stairs	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
HOOS_P6	At night while in bed	0 = None 1 = Mild 2 = Moderate 3 = Severe

		4 = Extreme
HOOS_P7	Sitting or lying	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
HOOS_P8	Standing upright	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
HOOS_P9	Walking on a hard surface (asphalt, concrete, etc.)	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
HOOS_P10	Walking on an uneven surface	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
HOOS_A1	Descending stairs	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
HOOS_A2	Ascending stairs	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
HOOS_A3	Rising from sitting	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
HOOS_A4	Standing	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
HOOS_A5	Bending to floor/pick up an object	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
HOOS_A6	Walking on flat surface	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme

HOOS_A7	Getting in/out of car	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
HOOS_A8	Going shopping	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
HOOS_A9	Putting on socks/stockings	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
HOOS_A10	Rising from bed	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
HOOS_A11	Taking off socks/stockings	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
HOOS_A12	Lying in bed (turning over, maintaining hip position)	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
HOOS_A13	Getting in/out of bath/ shower	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
HOOS_A14	Sitting	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
HOOS_A15	Getting on/off toilet	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
HOOS_A16	Heavy domestic duties (moving heavy boxes, scrubbing floors, etc)	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
HOOS_A17	Light domestic duties (cooking,	0 = None

	dusting, etc)	1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
HOOS_SP1	Squatting	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
HOOS_SP2	Running	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
HOOS_SP3	Twisting/pivoting on your injured knee	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
HOOS_SP4	Walking on uneven surface	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
HOOS_Q1	How often are you aware of your hip problem?	0 = Never 1 = Monthly 2 = Weekly 3 = Daily 4 = Constantly
HOOS_Q2	Have you modified your life style to avoid potentially damaging activities to your hip?	0 = Not at all 1 = Mildly 2 = Moderately 3 = Severely 4 = Totally
HOOS_Q3*	How confident are you in using your hip?	0 = Totally 1 = Severely 2 = Moderately 3 = Mildly 4 = Not at all
HOOS_Q4	In general, how much difficulty do you have with your hip?	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
<i>*Different order of answers</i>		
<i>Oxford Hip Score (OHS) (Dutch order)</i>		
OHS_1	How would you describe the pain you usually have in your hip? (Engl version Q1)	4 = None 3 = Very mild 2 = Mild 1 = Moderate 0 = Severe

OHS_2	Have you had any trouble with washing and drying yourself (all over) because of your hip? (Engl version Q10)	4 = No trouble at all 3 = Very little trouble 2 = Moderate trouble 1 = Extreme difficulty 0 = Impossible to do
OHS_3	Have you had any trouble getting in and out of a car or using public transportation because of your hip? (Engl version Q9)	4 = No trouble at all 3 = Very little trouble 2 = Moderate trouble 1 = Extreme difficulty 0 = Impossible to do
OHS_4	Have you been able to put on a pair of socks, stockings or tights? (Engl version Q7)	4 = Yes, easily 3 = With little difficulty 2 = With moderate difficulty 1 = With extreme difficulty 0 = No, impossible
OHS_5	Could you do the household shopping on your own? (Engl version Q11)	4 = Yes, easily 3 = With little difficulty 2 = With moderate difficulty 1 = With extreme difficulty 0 = No, impossible
OHS_6	For how long have you been able to walk before the pain in your hip becomes severe (with or without a walking aid)? (Engl version Q5)	4 = No pain for 30 minutes or more 3 = 16 to 30 minutes 2 = 5 to 15 minutes 1 = Around the house only 0 = Not at all
OHS_7	Have you been able to climb a flight of stairs? (Engl version Q6)	4 = Yes, easily 3 = With little difficulty 2 = With moderate difficulty 1 = With extreme difficulty 0 = No, impossible
OHS_8	After a meal (sat at a table), how painful has it been for you to stand up from a chair because of your hip? (Engl version Q8)	4 = Not at all painful 3 = Slightly painful 2 = Moderately painful 1 = Very painful 0 = Unbearable
OHS_9	Have you been limping when walking because of your hip? (Engl version Q4)	4 = Rarely/never 3 = Sometimes or just at first 2 = Often, not just at first 1 = Most of the time 0 = All of the time
OHS_10	Have you had any sudden, severe pain-' shooting ', 'stabbing', or 'spasms' from your affected hip? (Engl version Q3)	4 = No days 3 = Only 1 or 2 days 2 = Some days 1 = Most days 0 = Every day
OHS_11	How much has pain from your hip interfered with your usual work, including housework? (Engl version Q12)	4 = Not at all 3 = A little bit 2 = Moderately 1 = Greatly 0 = Totally

OHS_12	Have you been troubled by pain from your hip in bed at night? (Engl version Q2)	4 = No nights 3 = Only 1 or 2 nights 2 = Some nights 1 = Most nights 0 = Every night
<i>Harris Hip Score (HHS)</i>		
HHS_PAIN	Pain	0 = None, or ignores it 1 = Slight, occasional, no compromise in activity 2 = Mild pain, no effect on average activities, rarely moderate pain with unusual activity, may take aspirin 3 = Moderate pain, tolerable but makes concessions to pain. Some limitations of ordinary activity or work. May require occasional pain medication stronger than aspirin 4 = Marked pain, serious limitation of activities 5 = Totally disabled, crippled, pain in bed, bedridden
HHS_LIMP	Limp	0 = None 1 = Slight 2 = Moderate 3 = Severe
HHS_SUP	Support	0 = None 1 = Cane/Walking stick for long walks 2 = Cane/Walking stick most of the time 3 = One crutch 4 = Two Canes/Walking sticks 5 = Two crutches or not able to walk
HHS_DIST	Distance walked	0 = Unlimited 1 = 1 km 2 = 500 m 3 = Indoors only 4 = Bed and chair only
HHS_STAIR	Stairs	0 = Normally without using a railing 1 = Normally using a railing 2 = In any manner 3 = Unable to do stairs
HHS_ACT	Activities - shoes, socks	0 = With ease 1 = With difficulty 2 = Unable to fit or tie
HHS_SIT	Sitting	0 = Comfortably, ordinary chair for one hour

		1 = On a high chair for 30 minutes 2 = Unable to sit comfortably on any chair
HHS_PT	Public transportation	0 = Able to use transportation (bus) 1 = Unable to use public transportation (bus)
HHS_AD_FF	Less than 30 degrees of fixed flexion	0 = No 1 = Yes
HHS_AD_AC	Less than 10 degrees abduction contracture	0 = No 1 = Yes
HHS_AD_EC	Less than 10 degrees endorotation contracture in extension	0 = No 1 = Yes
HHS_AD_LD	Limb length discrepancy less than 3.2 cm (1.5 inches)	0 = No 1 = Yes
HHS_MOB_FLEX	Total degrees of Flexion	Degrees
HHS_MOB_ABD	Total degrees of Abduction	Degrees
HHS_MOB_ADD	Total degrees of Adduction	Degrees
HHS_MOB_EXR	Total degrees of Exorotation Rotation in extension	Degrees
HHS_MOB_EXT	Total degrees of Endorotation in extension	Degrees
Total_MOB_ROM	Mobilityscore (SUM of MOB questions)	Degrees
<i>WOMAC score (hip)</i>		
WOMACH_S1	Do you feel grinding, hear clicking or any other type of noise from you hip?	0 = Never 1 = Rarely 2 = Sometimes 3 = Often 4 = Always
WOMACH_S2	Difficulties spreading legs wide apart	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
WOMACH_S3	Difficulties to stride out when walking	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
WOMACH_S4	How severe is your hip joint stiffness after first wakening in the morning?	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
WOMACH_S7	How severe is your hip stiffness after sitting, lying or resting later in the day?	0 = None 1 = Mild 2 = Moderate 3 = Severe

		4 = Extreme
WOMACH_P1	How often is your hip painful?	0 = Never 1 = Monthly 2 = Weekly 3 = Daily 4 = Always
WOMACH_P2	Straightening your hip fully	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
WOMACH_P3	Bending your hip fully	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
WOMACH_P4	Walking on flat surface	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
WOMACH_P5	Going up or down stairs	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
WOMACH_P6	At night while in bed	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
WOMACH_P7	Sitting or lying	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
WOMACH_P8	Standing upright	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
WOMACH_P9	Walking on a hard surface (asphalt, concrete, etc)	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
WOMACH_P10	Walking on an uneven surface	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme

WOMACH_A1	Descending stairs	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
WOMACH_A2	Ascending stairs	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
WOMACH_A3	Rising from sitting	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
WOMACH_A4	Standing	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
WOMACH_A5	Bending to floor/pick up an object	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
WOMACH_A6	Walking on flat surface	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
WOMACH_A7	Getting in/out of car	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
WOMACH_A8	Going shopping	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
WOMACH_A9	Putting on socks/stockings	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
WOMACH_A10	Rising from bed	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
WOMACH_A11	Taking off socks/stockings	0 = None

		1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
WOMACH_A12	Lying in bed (turning over, maintaining hip position)	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
WOMACH_A13	Getting in/out of bath	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
WOMACH_A14	Sitting	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
WOMACH_A15	Getting on/off toilet	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
WOMACH_A16	Heavy domestic duties (moving heavy boxes, scrubbing floors, etc.)	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
WOMACH_A17	Light domestic duties (cooking, dusting, etc.)	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
Knee specific questionnaires		
<i>Knee injury and Osteoarthritis Outcome Score - Physical Function Short Form (KOOS-PS)</i>		
KOOSPS_1	Rising from bed	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
KOOSPS_2	Putting on sock/stockings	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
KOOSPS_3	Rising from a chair	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme

KOOSPS_4	Bending to the floor	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
KOOSPS_5	Twisting/pivoting on your injured knee	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
KOOSPS_6	Kneeling	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
KOOSPS_7	Squatting	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
<i>Knee injury and Osteoarthritis Outcome Score (KOOS)</i>		
KOOS_S1	Do you have swelling in your knee?	0 = Never 1 = Rarely 2 = Sometimes 3 = Often 4 = Always
KOOS_S2	Do you feel grinding, hear clicking or any other type of noise when your knee moves?	0 = Never 1 = Rarely 2 = Sometimes 3 = Often 4 = Always
KOOS_S3	Does your knee catch or hang up when moving?	0 = Never 1 = Rarely 2 = Sometimes 3 = Often 4 = Always
KOOS_S4*	Can you straighten your knee fully?	0 = Always 1 = Often 2 = Sometimes 3 = Rarely 4 = Never
KOOS_S5*	Can you bend your knee fully?	0 = Always 1 = Often 2 = Sometimes 3 = Rarely 4 = Never
KOOS_S6	How severe is your knee joint stiffness after first wakening in the morning?	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme

KOOS_S7	How severe is your knee stiffness after sitting, lying or resting later in the day?	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
KOOS_P1	How often do you experience knee pain?	0 = Never 1 = Monthly 2 = Weekly 3 = Daily 4 = Always
KOOS_P2	Twisting/pivoting on your knee	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
KOOS_P3	Straightening knee fully	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
KOOS_P4	Bending knee fully	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
KOOS_P5	Walking on flat surface	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
KOOS_P6	Going up or down stairs	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
KOOS_P7	At night while in bed	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
KOOS_P8	Sitting or lying	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
KOOS_P9	Standing upright	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
KOOS_A1	Descending stairs	0 = None

		1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
KOOS_A2	Ascending stairs	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
KOOS_A3	Rising from sitting	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
KOOS_A4	Standing	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
KOOS_A5	Bending to floor/pick up an object	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
KOOS_A6	Walking on flat surface	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
KOOS_A7	Getting in/out of car	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
KOOS_A8	Going shopping	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
KOOS_A9	Putting on socks/stockings	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
KOOS_A10	Rising from bed	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
KOOS_A11	Taking off socks/stockings	0 = None 1 = Mild

		2 = Moderate 3 = Severe 4 = Extreme
KOOS_A12	Lying in bed (turning over, maintaining knee position)	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
KOOS_A13	Getting in/out of bath/shower	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
KOOS_A14	Sitting	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
KOOS_A15	Getting on/off toilet	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
KOOS_A16	Heavy domestic duties (moving heavy boxes, scrubbing floors, etc)	0 = Never 1 = Rarely 2 = Sometimes 3 = Often 4 = Always
KOOS_A17	Light domestic duties (cooking, dusting, etc)	0 = Never 1 = Rarely 2 = Sometimes 3 = Often 4 = Always
KOOS_SP1	Squatting	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
KOOS_SP2	Running	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
KOOS_SP3	Jumping	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
KOOS_SP4	Twisting/pivoting on your injured knee	0 = None 1 = Mild 2 = Moderate

		3 = Severe 4 = Extreme
KOOS_SP5	Kneeling	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
KOOS_Q1	How often are you aware of your knee problem?	0 = Never 1 = Monthly 2 = Weekly 3 = Daily 4 = Constantly
KOOS_Q2	Have you modified your life style to avoid potentially damaging activities to your knee?	0 = Not at all 1 = Mildly 2 = Moderately 3 = Severely 4 = Totally
KOOS_Q3*	How confident are you in using your knee?	0 = Totally 1 = Severely 2 = Moderately 3 = Mildly 4 = Not at all
KOOS_Q4	In general, how much difficulty do you have with your knee?	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
*Different order of answers		
<i>Oxford knee score (OKS)</i>		
OKS_1	How would you describe the pain you usually have from your knee?	4 = None 3 = Very mild 2 = Mild 1 = Moderate 0 = Severe
OKS_2	Have you had any trouble with washing and drying yourself (all over) because of your knee?	4 = No trouble at all 3 = Very little trouble 2 = Moderate trouble 1 = Extreme difficulty 0 = Impossible to do
OKS_3	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)	4 = No trouble at all 3 = Very little trouble 2 = Moderate trouble 1 = Extreme difficulty 0 = Impossible to do
OKS_4	For how long have you been able to walk before pain from your knee becomes severe? (with or without a stick)	4 = No pain for 30 minutes or more 3 = 16 to 30 minutes 2 = 5 to 15 minutes 1 = Around the house only 0 = Not at all
OKS_5	After a meal (sat at a table),	4 = Not at all painful

	how painful has it been for you to stand up from a chair because of your knee?	3 = Slightly painful 2 = Moderately painful 1 = Very painful 0 = Unbearable
OKS_6	Have you been limping when walking, because of your knee?	4 = Rarely/never 3 = Sometimes, or just at first 2 = Often, not just at first 1 = Most of the time 0 = All of the time
OKS_7	Could you kneel down and get up again afterwards?	4 = Yes, easily 3 = With little difficulty 2 = With moderate difficulty 1 = With extreme difficulty 0 = No, impossible
OKS_8	Have you been troubled by pain from your knee in bed at night?	4 = No nights 3 = Only 1 or 2 nights 2 = Some nights 1 = Most nights 0 = Every night
OKS_9	How much has pain from your knee interfered with your usual work (including housework)?	4 = Not at all 3 = A little bit 2 = Moderately 1 = Greatly 0 = Totally
OKS_10	Have you felt that your knee might suddenly 'give way' or let you down?	4 = Rarely/never 3 = Sometimes, or just at first 2 = Often, not just at first 1 = Most of the time 0 = All of the time
OKS_11	Could you do the household shopping on your own?	4 = Yes, easily 3 = With little difficulty 2 = With moderate difficulty 1 = With extreme difficulty 0 = No, impossible
OKS_12	Could you walk down one flight of stairs?	4 = Yes, easily 3 = With little difficulty 2 = With moderate difficulty 1 = With extreme difficulty 0 = No, impossible
<i>Knee society score (KSS)</i>		
KSS_PAIN	Pain	0 = None 1 = Mild/ Occasional 2 = Mild (Stairs only) 3 = Mild (Walkind and Stairs) 4 = Moderate - Occasional 5 = Moderate - Continual 6 = Severe
KSS_WALK	Walking	0 = Unlimited 1 = >1000 m 2 = 500-1000 m 3 = <500 m

		4 = Housebound 5 = Unable
KSS_STAIR	Stairs	0 = Normal Up and down 1 = Normal Up down with rail 2 = Up and down with rail 3 = Up with rail, down unable 4 = Unable
KSS_AID	Walking aids used	0 = None used 1 = Use of Cane/Walking stick deduct 2 = Two Canes/sticks 3 = Crutches or frame
KSS_AP	Stability (Maximum movement in any position) - Antero-posterior	0 = <5 mm 1 = 5-10 mm 2 = >10 mm
KSS_ML	Stability (Maximum movement in any position) - Mediolateral	0 = <5° 1 = 6-9° 2 = 10-14° 3 = 15°
KSS_FLEX	Flexion	
KSS_EXT	Extension	
KSS_EXTI	Extension interval	
KSS_TRF	Total range of flexion	
KSS_1TRE	Total range of extension	
KSS_ALIG	Alignment (Varus & Valgus)	
<i>IKDC Subjective knee evaluation form</i>		
IKDC_1	What is the highest level of activity that you can perform without significant knee pain?	0 = Very strenuous activities like jumping or pivoting as in basketball or soccer 1 = Strenuous activities like heavy physical work, skiing or tennis 2 = Moderate activities like moderate physical work, running or jogging 3 = Light activities like walking, housework or yard work 4 = Unable to perform any of the above activities due to knee pain
IKDC_2	During the past 4 weeks, or since your injury, how often have you had pain?	Range 0 (never)-10 (constant)
IKDC_3	If you have pain, how severe is it?	Range 0 (no pain)-10 (worst pain)
IKDC_4	During the past 4 weeks, or since your injury, how stiff or swollen was your knee?	0 = Not at all 1 = Mildly 2 = Moderately 3 = Very 4 = Extremely
IKDC_5	What is the highest level of	0 = Very strenuous activities

	activity you can perform without significant swelling in your knee?	like jumping or pivoting as in basketball or soccer 1 = Strenuous activities like heavy physical work, skiing or tennis 2 = Moderate activities like moderate physical work, running or jogging 3 = Light activities like walking, housework or yard work 4 = Unable to perform any of the above activities due to knee pain
IKDC_6	During the past 4 weeks, or since your injury, did your knee lock or catch?	0 = Yes 1 = No
IKDC_7	What is the highest level of activity you can perform without significant giving way in your knee?	0 = Very strenuous activities like jumping or pivoting as in basketball or soccer 1 = Strenuous activities like heavy physical work, skiing or tennis 2 = Moderate activities like moderate physical work, running or jogging 3 = Light activities like walking, housework or yard work 4 = Unable to perform any of the above activities due to knee instability
IKDC_8	What is the highest level of activity you can participate in on a regular basis?	0 = Very strenuous activities like jumping or pivoting as in basketball or soccer 1 = Strenuous activities like heavy physical work, skiing or tennis 2 = Moderate activities like moderate physical work, running or jogging 3 = Light activities like walking, housework or yard work 4 = Unable to perform any of the above activities due to knee pain
IKDC_9a	How does your knee affect your ability to: Go up stairs	0 = No difficulty 1 = Minimal difficulty 2 = Moderate difficulty 3 = Extreme difficulty 4 = Unable to do
IKDC_9b	How does your knee affect your ability to: Go down stairs	0 = No difficulty 1 = Minimal difficulty

		2 = Moderate difficulty 3 = Extreme difficulty 4 = Unable to do
IKDC_9c	How does your knee affect your ability to: Kneel on the front of your knee	0 = No difficulty 1 = Minimal difficulty 2 = Moderate difficulty 3 = Extreme difficulty 4 = Unable to do
IKDC_9d	How does your knee affect your ability to: Squat	0 = No difficulty 1 = Minimal difficulty 2 = Moderate difficulty 3 = Extreme difficulty 4 = Unable to do
IKDC_9e	How does your knee affect your ability to: Sit with your knee bent	0 = No difficulty 1 = Minimal difficulty 2 = Moderate difficulty 3 = Extreme difficulty 4 = Unable to do
IKDC_9f	How does your knee affect your ability to: Rise from a chair	0 = No difficulty 1 = Minimal difficulty 2 = Moderate difficulty 3 = Extreme difficulty 4 = Unable to do
IKDC_9g	How does your knee affect your ability to: Run straight ahead	0 = No difficulty 1 = Minimal difficulty 2 = Moderate difficulty 3 = Extreme difficulty 4 = Unable to do
IKDC_9h	How does your knee affect your ability to: Jump and land on your involved leg	0 = No difficulty 1 = Minimal difficulty 2 = Moderate difficulty 3 = Extreme difficulty 4 = Unable to do
IKDC_9i	How does your knee affect your ability to: Stop and start quickly	0 = No difficulty 1 = Minimal difficulty 2 = Moderate difficulty 3 = Extreme difficulty 4 = Unable to do
IKDC_10a	Function prior to knee injury	Range 0 (cannot perform ADL) - 10 (no limitation of ADL)
IKDC_10b	Current function of your knee	Range 0 (cannot perform ADL) - 10 (no limitation of ADL)
WOMAC score (knee)		
WOMACK_S1	Do you have swelling in your knee?	0 = Never 1 = Rarely 2 = Sometimes 3 = Often 4 = Always
WOMACK_S2	Do you feel grinding, hear clicking or any other type of noise when your knee moves?	0 = Never 1 = Rarely 2 = Sometimes

		3 = Often 4 = Always
WOMACK_S3	Does your knee catch or hang up when moving?	0 = Never 1 = Rarely 2 = Sometimes 3 = Often 4 = Always
WOMACK_S4	Can you straighten your knee fully?	0 = Never 1 = Rarely 2 = Sometimes 3 = Often 4 = Always
WOMACK_S5	Can you bend your knee fully?	0 = Never 1 = Rarely 2 = Sometimes 3 = Often 4 = Always
WOMACK_S6	How severe is your knee joint stiffness after first wakening in the morning?	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
WOMACK_S7	How severe is your knee stiffness after sitting, lying or resting later in the day?	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
WOMACK_P1	How often do you experience knee pain?	0 = Never 1 = Monthly 2 = Weekly 3 = Daily 4 = Always
WOMACK_P2	Twisting/pivoting on your knee	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
WOMACK_P3	Straightening knee fully	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
WOMACK_P4	Bending knee fully	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
WOMACK_P5	Walking on flat surface	0 = None 1 = Mild 2 = Moderate 3 = Severe

		4 = Extreme
WOMACK_P6	Going up or down stairs	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
WOMACK_P7	At night while in bed	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
WOMACK_P8	Sitting or lying	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
WOMACK_P9	Standing upright	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
WOMACK_A1	Descending stairs	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
WOMACK_A2	Ascending stairs	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
WOMACK_A3	Rising from sitting	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
WOMACK_A4	Standing	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
WOMACK_A5	Bending to floor/pick up an object	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
WOMACK_A6	Walking on flat surface	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme

WOMACK_A7	Getting in/out of car	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
WOMACK_A8	Going shopping	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
WOMACK_A9	Putting on socks/stockings	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
WOMACK_A10	Rising from bed	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
WOMACK_A11	Taking off socks/stockings	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
WOMACK_A12	Lying in bed (turning over, maintaining hip position)	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
WOMACK_A13	Getting in/out of bath	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
WOMACK_A14	Sitting	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
WOMACK_A15	Getting on/off toilet	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
WOMACK_A16	Heavy domestic duties (moving heavy boxes, scrubbing floors, etc)	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
WOMACK_A17	Light domestic duties (cooking,	0 = None

	dusting, etc)	1 = Mild 2 = Moderate 3 = Severe 4 = Extreme
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