



## Data Collection Worksheet

**Please Note:** The Data Collection Worksheet (DCW) is a tool to aid integration of a PhenX protocol into a study. The PhenX DCW is not designed to be a data collection instrument. Investigators will need to decide the best way to collect data for the PhenX protocol in their study. Variables captured in the DCW, along with variable names and unique PhenX variable identifiers, are included in the PhenX Data Dictionary (DD) files.

**INSTRUCTIONS:** This survey asks for your view about your knee. This information will help us keep track of how you feel about your knee and how well you are able to perform your usual activities.

Answer every question by ticking the appropriate box, only one box for each question. If you are unsure about how to answer a question, please give the best answer you can.

### Symptoms

These questions should be answered thinking of your knee symptoms during the **last week**.

S1. Do you have swelling in your knee?

- Never
- Rarely
- Sometimes
- Often
- Always

S2. Do you feel grinding, hear clicking or any other type of noise when your knee moves?

- Never
- Rarely
- Sometimes
- Often
- Always

S3. Does your knee catch or hang up when moving?

- Never
- Rarely
- Sometimes
- Often
- Always

S4. Can you straighten your knee fully?

- Always
- Often
- Sometimes
- Rarely
- Never

S5. Can you bend your knee fully?

- Always
- Often
- Sometimes
- Rarely
- Never

### **Stiffness**

The following questions concern the amount of joint stiffness you have experienced during the **last week** in your knee. Stiffness is a sensation of restriction or slowness in the ease with which you move your knee joint.

S6. How severe is your knee joint stiffness after first wakening in the morning?

- None
- Mild
- Moderate
- Severe

Extreme

S7. How severe is your knee stiffness after sitting, lying or resting **later in the day**?

None

Mild

Moderate

Severe

Extreme

### **Pain**

P1. How often do you experience knee pain?

Never

Monthly

Weekly

Daily

Always

What amount of knee pain have you experienced the **last week** during the following activities?

P2. Twisting/pivoting on your knee

None

Mild

Moderate

Severe

Extreme

P3. Straightening knee fully

None

Mild

Moderate

Severe

Extreme

**P4. Bending knee fully**

None

Mild

Moderate

Severe

Extreme

**P5. Walking on flat surface**

None

Mild

Moderate

Severe

Extreme

**P6. Going up or down stairs**

None

Mild

Moderate

Severe

Extreme

**P7. At night while in bed**

None

Mild

Moderate

Severe

Extreme

**P8. Sitting or lying**

- None
- Mild
- Moderate
- Severe
- Extreme

**P9. Standing upright**

- None
- Mild
- Moderate
- Severe
- Extreme

**Function, daily living**

The following questions concern your physical function. By this we mean your ability to move around and to look after yourself. For each of the following activities please indicate the degree of difficulty you have experienced in the **last week** due to your knee.

**A1. Descending stairs**

- None
- Mild
- Moderate
- Severe
- Extreme

**A2. Ascending stairs**

- None
- Mild
- Moderate
- Severe
- Extreme

For each of the following activities please indicate the degree of difficulty you have experienced in the **last week** due to your knee.

A3. Rising from sitting

None

Mild

Moderate

Severe

Extreme

A4. Standing

None

Mild

Moderate

Severe

Extreme

A5. Bending to floor/pick up an object

None

Mild

Moderate

Severe

Extreme

A6. Walking on flat surface

None

Mild

Moderate

Severe

Extreme

A7. Getting in/out of car

None

Mild

Moderate

Severe

Extreme

**A8. Going shopping**

None

Mild

Moderate

Severe

Extreme

**A9. Putting on socks/stockings**

None

Mild

Moderate

Severe

Extreme

**A10. Rising from bed**

None

Mild

Moderate

Severe

Extreme

**A11. Taking off socks/stockings**

None

Mild

Moderate

Severe

Extreme

A12. Lying in bed (turning over, maintaining knee position)

None

Mild

Moderate

Severe

Extreme

A13. Getting in/out of bath

None

Mild

Moderate

Severe

Extreme

A14. Sitting

None

Mild

Moderate

Severe

Extreme

A15. Getting on/off toilet

None

Mild

Moderate

Severe



Extreme

For each of the following activities please indicate the degree of difficulty you have experienced in the **last week** due to your knee.

A16. Heavy domestic duties (moving heavy boxes, scrubbing floors, etc.)

None

Mild

Moderate

Severe

Extreme

A17. Light domestic duties (cooking, dusting, etc.)

None

Mild

Moderate

Severe

Extreme

### **Function, sports and recreational activities**

The following questions concern your physical function when being active on a higher level. The questions should be answered thinking of what degree of difficulty you have experienced during the **last week** due to your knee.

SP1. Squatting

None

Mild

Moderate

Severe

Extreme

SP2. Running

None

- Mild
- Moderate
- Severe
- Extreme

**SP3. Jumping**

- None
- Mild
- Moderate
- Severe
- Extreme

**SP4. Twisting/pivoting on your injured knee**

- None
- Mild
- Moderate
- Severe
- Extreme

**SP5. Kneeling**

- None
- Mild
- Moderate
- Severe
- Extreme

**Quality of Life**

**Q1. How often are you aware of your knee problem?**

- Never
- Monthly

- Weekly
- Daily
- Constantly

Q2. Have you modified your life style to avoid potentially damaging activities?  
to your knee?

- Not at all
- Mildly
- Moderately
- Severely
- Totally

Q3. How much are you troubled with lack of confidence in your knee?

- Not at all
- Mildly
- Moderately
- Severely
- Extremely

Q4. In general, how much difficulty do you have with your knee?

- None
- Mild
- Moderate
- Severe
- Extreme

***Thank you very much for completing all the questions in this questionnaire.***

Protocol source: <https://www.phenxtoolkit.org/protocols/view/250401>