

PATIENT OUTCOMES IN SURGERY

UNIT CODE

FOR OFFICE USE ONLY
Affix addressograph here

NHS Number

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KNEE SURGERY QUESTIONNAIRE



The Royal
College
of
Surgeons
of
England

FRONT COVER

INFORMATION

Why a national audit of patient outcomes in surgery (NAPOS)?

This audit examines patients' views on the outcomes of their operation. We will compare the outcomes in your hospital against outcomes in other hospitals and against national standards. In this way, we can find out how well your hospital is performing.

Who is undertaking the Audit?

The Royal College of Surgeons of England has been funded by the Department of Health to undertake the Audit.

Why have I been invited?

All people undergoing a knee replacement operation are being invited to take part in the Audit.

Why should I take part?

The Audit will help us to improve patient care in the future, from which you may benefit.

Do I have to take part?

Your participation is voluntary and you are free to withdraw from the Audit at any time without giving any reason, without your medical care or legal rights being affected.

Do I have to give my consent?

We need you to sign a consent form before your information can be used in the Audit.

Data Protection Notice

All the information that you give us is strictly confidential. The information you provide will only be available to members of the Project Team at The Royal College of Surgeons of England. The information will not be released to any outside organisations. Published reports will not refer to any individuals.

What information is being collected?

- How your symptoms are affecting your everyday life. This information will be collected both before and after your operation to see if your symptoms have changed. You will be asked to complete a questionnaire now and another will be sent to you six months after your operation.
- How the surgeon undertook your operation. This information will be provided to us by the **National Joint Registry**.

The Audit needs to collect your name and address to enable us to send you the 6-month follow-up questionnaire. The Audit also needs your NHS number and date of birth in order to help us link the information that you provide on your symptoms with the information that will be provided by your surgeon and the **National Joint Registry**.

What will happen to my information?

Staff at The Royal College of Surgeons of England will compare the outcomes in all hospitals. The outcomes (but no personal details) for all patients will be given to each hospital so that they can see how well they are doing compared to other hospitals. A report based on the Audit findings will be made available to all hospitals.

Want to know more?

Call the NAPOS helpline on: 0800 051 5131 (tbc)

Send an email to: napos@rcseng.ac.uk

Write to: National Audit of Patient Outcomes in Surgery,
Clinical Effectiveness Unit,
The Royal College of Surgeons of England,
35-43 Lincoln's Inn Fields,
London WC2A 3PE

Visit the web site: www.napos.org.uk (tbc)

Thank you for your cooperation

CONSENT FORM

The Audit needs to collect your personal details and access information held about your operation by the National Joint Registry. To do this we need your consent.

I agree that my personal details will be held and used by the **National Audit of Patient Outcomes in Surgery**, including information held about me by the **National Joint Registry** and other national NHS databases.

I also agree that I will receive a questionnaire six months after my operation.

I understand that the National Audit of Patient Outcomes in Surgery will not release my personal details, unless required by law or where there is a clear overriding public interest in disclosure. However, I will be told if any disclosure will take place.

Signature

Print Name

Date

I do not agree that my personal details will be held or used by the **National Audit of Patient Outcomes in Surgery**.

Signature

Print Name

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THE ROYAL COLLEGE OF SURGEONS OF ENGLAND COPY

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HOSPITAL CARBON COPY

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Date

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If you have agreed to take part in this audit, would you please write your name and address IN CAPITAL LETTERS BELOW so that we can contact you by post.

Title:

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First Name:

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Surname:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Address:

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Postcode:

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A QUESTION ABOUT YOUR CURRENT HOME CIRCUMSTANCES.

Who do you live with?

With partner/ spouse/ family/ friends

 1

Alone

 2

In a nursing home, hospital or other long-term care home

 3

Other

 4

SOME QUESTIONS ABOUT YOU AND YOUR KNEE PROBLEM

Please mark the boxes below with a tick or numbers where appropriate

Q1. Are you?

Male

1

Female

2

Q2. What is your date of birth?

d	d
---	---

/

m	m
---	---

/

1	9	y	y
---	---	---	---

Q3. Have you had a previous joint replacement on the knee on which you are about to have surgery?

Yes

1

No

2

We are interested in finding out about the problems you have had with the knee on which you are about to have surgery. Tick one box for each question.

Q4. During the past 4 weeks...

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

None	Very mild	Mild	Moderate	Severe
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Q5. During the past 4 weeks...

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

No trouble at all	Very little trouble	Moderate trouble	Extreme difficulty	Impossible to do
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Q6. 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 tend to use)

No trouble at all	Very little trouble	Moderate trouble	Extreme difficulty	Impossible to do
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Q7. 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 <u>only</u>	Not at all
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Q8. 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
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Q9. 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
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Q10. 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
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Q11. 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
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Q12. 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
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Q13. 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
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q14. 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
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q15. 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
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q16. If you were to spend the rest of your life with your knee the way it is now, how would you feel about that?

Delighted	Pleased	Mostly satisfied	Mixed - about equally satisfied and dissatisfied	Mostly dissatisfied	Unhappy	Terrible
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

By placing a tick in one box in each group below, please indicate which statements best describe your own health state today.

Q17. Mobility

I have **no** problems walking about ₁

I have **some** problems in walking about ₂

I am **confined to bed** ₃

Q18. Self-care

I have **no** problems with self-care ₁

I have **some** problems washing or dressing myself ₂

I am **unable to wash or dress myself** ₃

Q19. Usual activities

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

I have **no** problems with performing my usual activities ₁

I have **some** problems with performing my usual activities ₂

I am **unable to perform my usual activities** ₃

Q20. Pain/discomfort

I have **no** pain or discomfort ₁

I have **moderate** pain or discomfort ₂

I have **extreme** pain or discomfort ₃

Q21. Anxiety/ Depression

I am **not** anxious or depressed ₁

I am **moderately** anxious or depressed ₂

I am **extremely** anxious or depressed ₃

Q22. In general, would you say your health is:

Excellent	Very good	Good	Fair	Poor
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q23. Have you been told by a doctor that you have any of the following? (tick all that apply to you)

- Heart disease
(for example angina, heart attack or heart failure)
- High blood pressure
- Problems caused by a stroke
- Leg pain when walking due to poor circulation
- Lung disease
(for example asthma, chronic bronchitis or emphysema)
- Diabetes
- Kidney disease
- Diseases of the nervous system
(for example Parkinson's disease or multiple sclerosis)
- Liver disease
- Cancer (within the last 5 years)
- Depression
- Arthritis

THANK YOU FOR YOUR ASSISTANCE

**PLEASE RETURN THIS QUESTIONNAIRE TO THE PERSON
WHO GAVE YOU IT TO YOU**

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BACK COVER

BACK COVER

OFFICE USE ONLY

If the patient did not consent to take part in the Audit, please complete the following about the patient:

Date of birth

d	d	/	m	m	/	1	9	y	y
---	---	---	---	---	---	---	---	---	---

Sex

Male ₁ Female ₂

Date of operation

d	d	/	m	m	/	2	0	y	y
---	---	---	---	---	---	---	---	---	---