

UNIVERSITY of CALIFORNIA - IRVINE
HEALTHCARE

**KNEE REPLACEMENT EXPECTATIONS SURVEY
POST SURGERY**

Mark an X on the number that best describes your response to each question.

How did surgery meet your expectations in the treatment of your knee?	Very	Somewhat	A Little	I Did Not Expect This	This Does Not Apply To Me
Relieve pain	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
If you expect this, mark an X on one: <input type="checkbox"/> relieve some pain <input type="checkbox"/> relieve most pain <input type="checkbox"/> relieve all pain					
Improve ability to walk	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
If you expect this, mark an X on one: <input type="checkbox"/> short distance (indoors, 1 block) <input type="checkbox"/> medium distance (take a walk, less than 1 mile) <input type="checkbox"/> long distance (more than 1 mile)					
Remove the need for a cane, crutch or walker	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Make knee or leg straight	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Improve ability to go up stairs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Improve ability to go down stairs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Improve ability to kneel	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Improve ability to squat	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Improve ability to use public transportation or drive	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Be employed for monetary reimbursement	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Improve ability to participate in recreational activities (for example, dancing, pleasure travel)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Improve ability to perform daily activities (for example, daily routine, household chores)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Improve ability to exercise or participate in sports	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Improve ability to change position (for example, go from sitting to standing or from standing to sitting)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Improve ability to interact with others (for example, take care of someone, play with children)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Improve sexual activity	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Improve psychological well-being	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Patient Signature: _____ Date: _____ Time: _____

Provider Signature/Title: _____ Date: _____ Time: _____

All documentation must indicate the specific date and time of entry and a signature complete with identifying credential, title or classification.

