|  |
| --- |
| FJS-12 |

**Patient ID**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Patient Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Exam Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Exam Type:**

**Joint:** [ ] Knee [ ] Hip

[ ] 6 Week Post-OP [ ] 3 Month Post-OP

[ ] Annual \_\_\_\_Year Post-OP [ ] Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Side:** [ ] Left [ ] Right

The following 12 questions refer to how aware you are of your artificial hip/knee joint in everyday life. Please mark your answers by putting an “**X**” in one of the boxes.

QUESTION: Are you aware of your artificial joint…

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| In bed at night? | 0 | |  | Never |
| 1 | |  | Almost Never |
| 2 | |  | Seldom |
| 3 | |  | Sometimes |
| 4 | |  | Mostly |
| When you are sitting on a chair for more than 1 hour? | 0 | |  | Never |
| 1 | |  | Almost Never |
| 2 | |  | Seldom |
| 3 | |  | Sometimes |
| 4 | |  | Mostly |
| When you are walking for more than 15 minutes? | 0 | |  | Never |
| 1 | |  | Almost Never |
| 2 | |  | Seldom |
| 3 | |  | Sometimes |
| 4 | |  | Mostly |
| When you are taking a bath/shower? | 0 | |  | Never |
| 1 | |  | Almost Never |
| 2 | |  | Seldom |
| 3 | |  | Sometimes |
| 4 | |  | Mostly |
| When you are travelling in a car? | 0 | |  | Never |
| 1 | |  | Almost Never |
| 2 | |  | Seldom |
| 3 | |  | Sometimes |
| 4 | |  | Mostly |
| When you are climbing stairs? | 0 |  | | Never |
| 1 |  | | Almost Never |
| 2 |  | | Seldom |
| 3 |  | | Sometimes |
| 4 |  | | Mostly |
| When you are walking on uneven ground? | 0 |  | | Never |
| 1 |  | | Almost Never |
| 2 |  | | Seldom |
| 3 |  | | Sometimes |
| 4 |  | | Mostly |
| When you are standing up from a low-sitting position? | 0 |  | | Never |
| 1 |  | | Almost Never |
| 2 |  | | Seldom |
| 3 |  | | Sometimes |
| 4 |  | | Mostly |

**Surgery Date**: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_

QUESTION: Are you aware of your artificial joint…

|  |  |  |  |
| --- | --- | --- | --- |
| When you are standing for long periods of time? | 0 |  | Never |
| 1 |  | Almost Never |
| 2 |  | Seldom |
| 3 |  | Sometimes |
| 4 |  | Mostly |
| When you are doing housework or gardening? | 0 |  | Never |
| 1 |  | Almost Never |
| 2 |  | Seldom |
| 3 |  | Sometimes |
| 4 |  | Mostly |
| When you are taking a walk or hiking? | 0 |  | Never |
| 1 |  | Almost Never |
| 2 |  | Seldom |
| 3 |  | Sometimes |
| 4 |  | Mostly |
| When you are doing your favorite sport, **or the most rigorous activity that you do**? | 0 |  | Never |
| 1 |  | Almost Never |
| 2 |  | Seldom |
| 3 |  | Sometimes |
| 4 |  | Mostly |