



Participant Trial Number:

Site Code:

## Post-operative Pain Questionnaire

We would like to know about your:

Right knee

Left knee

Please read **ALL** the instructions carefully before completing the questionnaire.

Please use **BLACK** or **BLUE PEN** to complete the questionnaire.

Please **DO NOT** sign or add your name to this questionnaire.

Please **CHECK** that **ALL** the questions have been answered after you finish.

Please **RETURN** the questionnaire in the enclosed envelope

### Funder acknowledgement:

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**SECTION A: DAY 1 AFTER SURGERY**

Date of completion:

d	d	-	m	o	n	-	y	y	y	y
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Please complete this section on the **FIRST** morning after your operation.

For each question, think about the pain **in your operated knee**.

Please **circle one number** for each question.

**1. How much pain do you have in your knee right now?**

No pain    0    1    2    3    4    5    6    7    8    9    10

Worst possible  
pain

**2. How much pain have you had in your knee since yesterday?**

No pain    0    1    2    3    4    5    6    7    8    9    10

Worst possible  
pain

**SECTION B: DAY 2 AFTER SURGERY**

Date of completion:

d	d	-	m	o	n	-	y	y	y	y
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Please complete this section on the **SECOND** morning after your operation.

For each question, think about the pain **in your operated knee**.

Please **circle one number** for each question.

**1. How much pain do you have in your knee right now?**

No pain    0    1    2    3    4    5    6    7    8    9    10

Worst possible  
pain

**2. How much pain have you had in your knee since yesterday?**

No pain    0    1    2    3    4    5    6    7    8    9    10

Worst possible  
pain

**SECTION C: DAY 3 AFTER SURGERY**

Date of completion:

d	d	-	m	o	n	-	y	y	y	y
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**Please complete this section on the THIRD morning after your operation.**

For each question, think about the pain **in your operated knee**.

Please **circle one number** for each question.

**1. How much pain do you have in your knee right now?**

No pain    0    1    2    3    4    5    6    7    8    9    10

Worst possible  
pain

**2. How much pain have you had in your knee since yesterday?**

No pain    0    1    2    3    4    5    6    7    8    9    10

Worst possible  
pain

**Thank you for completing this questionnaire**