

UCLA Activity Score

Hip ID: _____

Study Hip: Left Right

Examination Date (MM/DD/YY): ____ / ____ / ____

Subject Initials: |____| |____| |____|

Medical Record Number: _____

Interval: _____

Check one box that best describes current activity level.

- 1: Wholly Inactive, dependent on others, and can not leave residence
- 2: Mostly Inactive or restricted to minimum activities of daily living
- 3: Sometimes participates in mild activities, such as walking, limited housework and limited shopping
- 4: Regularly Participates in mild activities
- 5: Sometimes participates in moderate activities such as swimming or could do unlimited housework or shopping
- 6: Regularly participates in moderate activities
- 7: Regularly participates in active events such as bicycling
- 8: Regularly participates in active events, such as golf or bowling
- 9: Sometimes participates in impact sports such as jogging, tennis, skiing, acrobatics, ballet, heavy labor or backpacking
- 10: Regularly participates in impact sports

Knee Questionnaire (Forgotten Joint Score - 12)

Patient: _____

Date: ____ . ____ . ____

A healthy joint is not something you are aware of in everyday life. However, even the smallest problems can raise one's awareness of a joint. This means that you think of your joint or have your attention drawn to it. The following questions concern **how often you are aware of your affected knee joint in everyday life.**

Please choose the most appropriate answer for each question.

Are you aware of your knee joint...	Never	Almost never	Seldom	Sometimes	Mostly
1. ... in bed at night?	<input type="radio"/>				
2. ... when you are sitting on a chair for more than one hour?	<input type="radio"/>				
3. ... when you are walking for more than 15 minutes?	<input type="radio"/>				
4. ... when you are taking a bath/shower?	<input type="radio"/>				
5. ... when you are traveling in a car?	<input type="radio"/>				
6. ... when you are climbing stairs?	<input type="radio"/>				
7. ... when you are walking on uneven ground?	<input type="radio"/>				
8. ... when you are standing up from a low-sitting position?	<input type="radio"/>				
9. ... when you are standing for long periods of time?	<input type="radio"/>				
10. ... when you are doing housework or gardening?	<input type="radio"/>				
11. ... when you are taking a walk/hiking?	<input type="radio"/>				
12. ... when you are doing your favorite sport?	<input type="radio"/>				