



Knee Evaluation Before Your Operation

YOUR SYMPTOMS continued

Section 1

Please indicate below the **highest** level of activity that you participate in **before your injury** and highest level you are able to participate in **currently** (ie before your operation).

Before Injury Current

(Please circle one level in each column)

Level 10	Level 10	Competitive sports- soccer, football, rugby (national elite)
Level 9	Level 9	Competitive sports- soccer, football, rugby (lower divisions), ice hockey, wrestling, gymnastics, basketball
Level 8	Level 8	Competitive sports- racquetball, squash or badminton, track and field athletics (jumping, etc.), down-hill skiing
Level 7	Level 7	Competitive sports- tennis, running, motorcars speedway, handball Recreational sports- soccer, football, rugby, ice hockey, basketball, squash, racquetball, running
Level 6	Level 6	Recreational sports- tennis and badminton, handball, racquetball, down-hill skiing, jogging at least 5 times per week Work- heavy labour (construction, etc.)
Level 5	Level 5	Competitive sports- cycling, cross-country skiing Recreational sports- jogging on uneven ground at least twice weekly
Level 4	Level 4	Work- moderately heavy labour (e.g. truck driving, etc.)
Level 3	Level 3	Work- light labour (nursing, etc.)
Level 2	Level 2	Work- light labour Walking on uneven ground possible, but impossible to back pack or hike
Level 1	Level 1	Work- sedentary (secretarial, etc.)
Level 0	Level 0	Sick leave or disability pension because of knee problems

RECIPIENT DETAILS

Section 2

If you agree to providing similar information about your knee following your operation please provide the details requested below so we can contact you both one year and five years after your operation.

Recipient surname Recipient forename(s)

Date of birth Contact telephone number

Email address

Permanent address (Please print)

Postcode (IR99 9IR for Irish Republic)

At the time of your operation, your surgeon will also provide some clinical information about your operation. If we do not receive this completed form, please be assured that no personal data about you will be held and any provided by your surgeon will be removed from our records. The only details held at NHSBT then, will be the date of your operation.



BASK is supported in this collection of data by NHS Blood and Transplant

Knee Evaluation Before Your Operation

Thank you for agreeing to provide data regarding your knee problem before your operation. Providing this information is important to help surgeons review the outcomes of these operations to ensure that patients are given the best possible care and treatment.

The information you provide on this form, and in the future, will be stored at NHS Blood and Transplant (NHSBT), on behalf of the British Association for Surgery of the Knee (BASK). It will be held in the strictest confidence and will not be shared with anyone else without your prior agreement. For more information on how your personal data will be used please contact the BASK Project Co-ordinator at NHS Blood and Transplant, Fox Den Road, Stoke Gifford, Bristol, BS34 8RR.

Directions for completion

For the patient

Please complete this form **before** you leave the clinic

- 1 It is important that you answer all questions honestly, as this information will be used to determine your knee function before your operation. Please read each question carefully and circle the number that is the most appropriate.
- 2 If you have any questions about this form please ask your surgeon or the nurse.
- 3 Hand this completed form to the nurse who will send it to NHSBT on your behalf.

FOR COMPLETION BY THE IMPLANTING SURGEON

Please enter the patient's NHS number, before the form is passed to the patient for completion.

Patient NHS number

Please provide the hospital number if the patient's NHS number is not known

Patient Hospital number

Please ensure this section is completed before the form is returned to NHSBT, together with the completed Soft Tissue Allograft Information (form Kn-Tx-FRM/PTI/TB/191) form.

This form should be returned to

**ODT Data Services
NHS Blood and Transplant
Fox Den Road
Stoke Gifford
Bristol
BS34 8RR**

For completion by NHSBT

NHSBT Recipient number

NHSBT Implant number

