

ID sticker here

# OMAS VAS EQ-5D-5L

## BOFAS Registry Version.

Prior to completing the Questionnaire please complete the following:-

**Today's Date:**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	2	0		
		Y	Y	Y	Y		

On which side of your body is the affected joint, **for which you are receiving/have received treatment.**

Left ☐

Right ☐

Both ☐

**To be completed by medical team:**

Condition: \_\_\_\_\_

Pre-op ☐

Post-op ☐ \_\_\_\_\_ months \_\_\_\_\_ years

Entered on to registry ☐ Op on registry ☐

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

BMI: \_\_\_\_\_

ASA: \_\_\_\_\_

Co-morbidities: \_\_\_\_\_

\_\_\_\_\_

## Olerud & Molander Score:

Parameter	Degree	Score	Tick
Pain	None	25	<input type="checkbox"/>
	While walking on uneven surface	20	<input type="checkbox"/>
	While walking on even surface outdoors	10	<input type="checkbox"/>
	While walking indoors	5	<input type="checkbox"/>
	Constant & severe	0	<input type="checkbox"/>
Stiffness	None	10	<input type="checkbox"/>
	Stiffness	0	<input type="checkbox"/>
Swelling	None	10	<input type="checkbox"/>
	Only evenings	5	<input type="checkbox"/>
	Constant	0	<input type="checkbox"/>
Stair-climbing	No problems	10	<input type="checkbox"/>
	Impaired	5	<input type="checkbox"/>
	Impossible	0	<input type="checkbox"/>
Running	Possible	5	<input type="checkbox"/>
	Impossible	0	<input type="checkbox"/>
Jumping	Possible	5	<input type="checkbox"/>
	Impossible	0	<input type="checkbox"/>
Squatting	No problems	5	<input type="checkbox"/>
	Impossible	0	<input type="checkbox"/>
Supports	None	10	<input type="checkbox"/>
	Taping, wrapping	5	<input type="checkbox"/>
	Stick or crutch	0	<input type="checkbox"/>
Work, activities of daily life	Same as before injury	20	<input type="checkbox"/>
	Loss of tempo	15	<input type="checkbox"/>
	Change to simpler job/part-time work	10	<input type="checkbox"/>
	Severely impaired work capacity	0	<input type="checkbox"/>

# EQ5D-5L

**Under each heading, please tick ONE box that best describes your health TODAY.**

## **Mobility:**

- I have no problems in walking about ☐
- I have slight problems in walking about ☐
- I have moderate problems in walking about ☐
- I have severe problems in walking about ☐
- I am unable to walk about ☐

## **Self care:**

- I have no problems washing or dressing myself ☐
- I have slight problems washing or dressing myself ☐
- I have moderate problems washing or dressing myself ☐
- I have severe problems washing or dressing myself ☐
- I am unable to wash or dress myself ☐

## **Usual activities:** (eg work, study, housework, family or leisure activities)

- I have no problems doing my usual activities ☐
- I have slight problems doing my usual activities ☐
- I have moderate problems doing my usual activities ☐
- I have severe problems doing my usual activities ☐
- I am unable to do my usual activities ☐

## **Pain / Discomfort:**

- I have no pain or discomfort ☐
- I have slight pain or discomfort ☐
- I have moderate pain or discomfort ☐
- I have severe pain or discomfort ☐
- I have extreme pain or discomfort ☐

## **Anxiety / Depression:**

- I am not anxious or depressed ☐
- I am slightly anxious or depressed ☐
- I am moderately anxious or depressed ☐
- I am severely anxious or depressed ☐
- I am extremely anxious or depressed ☐

**Continued overleaf...**

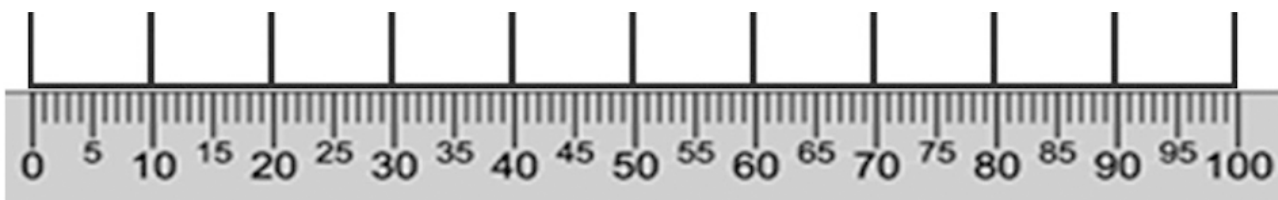
## EQ-5D-5L

We would like to know how good or bad your health is TODAY.

- This scale is numbered from 0 to 100.
- 100 means the best health you can imagine.
- 0 means the worst health you can imagine.
- Mark an X on the scale to indicate how your health is TODAY.

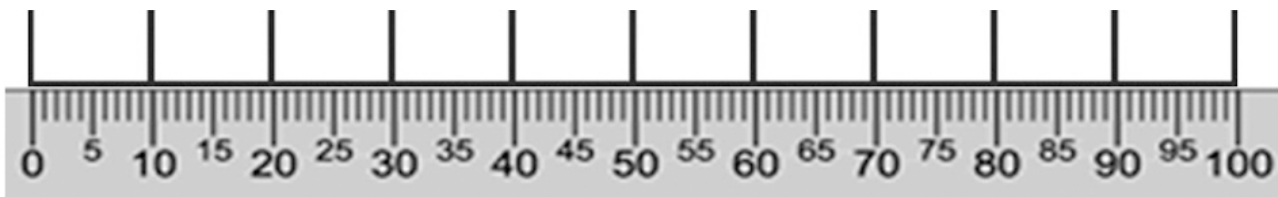
**Worst**

**Best**



In the last week how much pain have you experienced?

- This scale is numbered from 0 to 100.
- 100 means the worst pain you can imagine.
- 0 means no pain whatsoever.



Thank you for completing this form.