


Forgotten Joint Score (FJS-12)

PATIENT NAME: _____ Today's date: / /

Please answer the following 12 questions in relation to your joint replacement.

Place a tick  next to the words that best describes **your answer**.

Are you aware of your artificial joint ...

<p>1. ... in bed at night ?</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Almost never <input type="checkbox"/> Seldom <input type="checkbox"/> Sometimes <input type="checkbox"/> Mostly</p>	<p>2. ... when you are sitting on a chair for more than one hour ?</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Almost never <input type="checkbox"/> Seldom <input type="checkbox"/> Sometimes <input type="checkbox"/> Mostly</p>
<p>3. ... when you are walking for more than 15 minutes ?</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Almost never <input type="checkbox"/> Seldom <input type="checkbox"/> Sometimes <input type="checkbox"/> Mostly</p>	<p>4. ... when you are taking a shower or bath ?</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Almost never <input type="checkbox"/> Seldom <input type="checkbox"/> Sometimes <input type="checkbox"/> Mostly</p>
<p>5. ... when you are traveling in a car ?</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Almost never <input type="checkbox"/> Seldom <input type="checkbox"/> Sometimes <input type="checkbox"/> Mostly</p>	<p>6. ... when you are climbing stairs ?</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Almost never <input type="checkbox"/> Seldom <input type="checkbox"/> Sometimes <input type="checkbox"/> Mostly</p>

Office use only:

DOS: / /

Location:

Joint:

Side:

Implant combination:

Forgotten Joint Score (continued)

Are you aware of your artificial joint ...

<p>7. ... when you are walking on uneven ground ?</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Almost never <input type="checkbox"/> Seldom <input type="checkbox"/> Sometimes <input type="checkbox"/> Mostly</p>	<p>8. ... when you are standing up from a low-sitting position ?</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Almost never <input type="checkbox"/> Seldom <input type="checkbox"/> Sometimes <input type="checkbox"/> Mostly</p>
<p>9. ... when you are standing for long periods of time ?</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Almost never <input type="checkbox"/> Seldom <input type="checkbox"/> Sometimes <input type="checkbox"/> Mostly</p>	<p>10. ... when you are doing housework or gardening ?</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Almost never <input type="checkbox"/> Seldom <input type="checkbox"/> Sometimes <input type="checkbox"/> Mostly</p>
<p>11. ... when you are taking a walk or hiking ?</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Almost never <input type="checkbox"/> Seldom <input type="checkbox"/> Sometimes <input type="checkbox"/> Mostly</p>	<p>12. ... when you are doing your favourite sport ?</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Almost never <input type="checkbox"/> Seldom <input type="checkbox"/> Sometimes <input type="checkbox"/> Mostly</p>

Thank you.