

## 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><b>1. ... in bed at night ?</b></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><b>2. ... when you are sitting on a chair for more than one hour ?</b></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><b>3. ... when you are walking for more than 15 minutes ?</b></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><b>4. ... when you are taking a shower or bath ?</b></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><b>5. ... when you are traveling in a car ?</b></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><b>6. ... when you are climbing stairs ?</b></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><b>Office use only:</b></p> <p>DOS:    /    /</p> <p>Location:</p> <p>Joint:</p> <p>Side:</p> <p>Implant combination:</p>
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## Forgotten Joint Score (continued)

### Are you aware of your artificial joint ...

<p><b>7.</b> ... 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><b>8.</b> ... 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><b>9.</b> ... 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><b>10.</b> ... 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><b>11.</b> ... 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><b>12.</b> ... 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.**