

Appendix II: Self-developed questions for the study

PAIN

1. What amount of knee pain (operated side) have you experienced in **the last** week while **at rest**?

No pain at all 0 1 2 3 4 5 6 7 8 9 10 Worst pain imaginable

2. What amount of knee pain (operated side) have you experienced in **the last** week **during activity**?

No pain at all 0 1 2 3 4 5 6 7 8 9 10 Worst pain imaginable

3. What amount of knee pain (operated side) have you experienced in **the last** week **during the night**?

No pain at all 0 1 2 3 4 5 6 7 8 9 10 Worst pain imaginable

SATISFACTION WITH INFORMATION

1. To what extend were you satisfied with the information you received from the hospital **last week**, with

regards to your recovery?

Not satisfied at all 0 1 2 3 4 5 6 7 8 9 10 Very much satisfied

SATISFACTION WITH HOSPITAL INVOLVEMENT IN RECOVERY

1. To what extend were you satisfied with the level of involvement by the hospital **last week**, with

regards to your recovery?

Not satisfied at all 0 1 2 3 4 5 6 7 8 9 10 Very much satisfied

SELF-CARE

1. To what extend were you able to take care of yourself **last week**?

Not at all 0 1 2 3 4 5 6 7 8 9 10 Very much

HEALTH-CARE CONSUMPTION

1. Did you contact the hospital last week, because of your knee (operated side)? Yes / No

If Yes: What was the outcome of the contact?

- a. No action or follow-up required
- b. Follow-up required (new medication, consultation booked, direct admission to the hospital)

2. Did you contact your GP last week, because of your knee (operated side)? Yes / No

If Yes: What was the outcome of the contact?

- a. No action or follow-up required
- b. Follow-up required (new medication, consultation booked, referral to the hospital)

3. Did you contact the home care organization last week, because of your knee (operated side)? Yes / No

If Yes: What was the outcome of the contact?

- a. No action or follow-up required
- b. Follow-up required (consultation booked, referral to the GP)