DR. THIAGO MARTINS AGUIAR
CIRURGIÃO ORTOPÉDICO ESPECIALIZADO EM JOELHO

# Questionnaire — Second opinion by video consultation

Thank you for taking the time to complete this questionnaire. It takes about 20 minutes. Dr Thiago Aguiar reads your answers before the video consultation, so that the time together is spent answering your questions and explaining the options, rather than collecting information.

- Please complete it and send your scans and reports at least 3 days before the video consultation.
- If you do not know the answer to a question, leave it blank. Only these are required: your name, the affected knee, the reason for your request (section 2) and the final confirmation (section 10).
- Your answers are health data, handled under medical confidentiality and used only for this second opinion. Please read 'How we handle your data' before the final confirmation.
- On the day of the video consultation, wear shorts or clothing that shows the knee, and have enough space to take a few steps in front of the camera.
- If you live outside Portugal, the video consultation is for clarifying your case; any final decision about treatment is made at an in-person appointment.
- To fill it in: open this file in Adobe Acrobat Reader (free) or in the Files app on an iPhone or iPad, tap the boxes and type in the fields, then save it and send it back.

Please send the completed questionnaire and your scans through the secure link sent to you by Graciana Santos, Administrative and Clinical Communication Manager to Dr Thiago Aguiar. If the imaging centre gave you a link to view your images online, you may send us that link. Please do not send them by ordinary e-mail.

This questionnaire is not for emergencies. If your knee has locked and will not straighten, is very swollen after a fall, or if you have a fever with pain in a knee replacement, go to an Accident & Emergency department today. If you feel very unwell, call the emergency number (112 in Portugal and the EU; 999 in the UK).

## 1. Your details

**Full name (required):**

**Date of birth (dd/mm/yyyy):** **Mobile:**

**E-mail:**

**City and country where you live:**

**Preferred language for the video consultation:**

○ Portuguese ○ English

**Height (cm):** **Weight (kg):**

**Which knee? (required)**

○ Right ○ Left ○ Both

**If both: which one bothers you more? Please answer the rest of the questionnaire with that knee in mind.**

○ Right ○ Left ○ Both bother me equally

## 1. Your details (continued)

If they bother you equally, answer with the right knee in mind and explain the differences in your main question (section 2).

If the patient is under 18, the questionnaire is completed and signed by a parent or legal guardian.

**Name and relationship to the patient (only for patients under 18):**

## 2. Reason for your request

**Why are you asking for a second opinion? (required: tick at least one) You may tick more than one.**

- ☐ I have been offered an operation and want to check it is the best option
- ☐ I have a scan (MRI, X-ray) that I do not fully understand
- ☐ I have had treatment and have not improved as I expected
- ☐ I have a knee replacement that is painful or not working well
- ☐ Another reason (please write below)

**Other reason:**

**What diagnosis were you given? (the name of the problem, as it was explained to you or as it appears in the report)**

### If you have been offered an operation

**Which operation was offered?**

**When was it offered (month and year)?**

**Do you have a date booked?**

○ No ○ Yes, for:

**At the moment, are you leaning towards:**

○ Having the operation ○ Avoiding surgery, if possible ○ Not sure yet

**In a few words, what is your main question?**

## 3. How it started

**How long have you had the problem?**

- ○ Less than 6 weeks
- ○ 6 weeks to 6 months
- ○ 6 months to 2 years
- ○ More than 2 years

**How did it start?**

- ○ Suddenly, with an injury (fall, twist, sport, accident). Approximate date: _____
- ○ Gradually, with no injury that I remember

### If it was an injury

**Did the knee twist or 'pop out of place'?**

- ○ No
- ○ Yes
- ○ Don't know

**Did you hear or feel a pop?**

- ○ No
- ○ Yes
- ○ Don't know

**Did it swell within the first few hours?**

- ○ No
- ○ Yes
- ○ Don't know

**Were you able to carry on with what you were doing?**

- ○ No
- ○ Yes
- ○ Don't know

**Did you go to A&E?**

- ○ No
- ○ Yes

**If so, did the knee have to be put back in place at the hospital?**

- ○ No
- ○ Yes
- ○ Don't know

**Was your foot left numb, or too weak to lift?**

- ○ No
- ○ Yes
- ○ Don't know

### The kneecap

**Has your kneecap ever dislocated (come out of place)?**

- ○ No
- ○ Yes

**If so, how many times?** _____

**Did it go back into place by itself?**

- ○ Yes
- ○ No, it was put back at the hospital
- ○ Sometimes yes, sometimes no

**How old were you the first time the kneecap dislocated? (years)** _____

## 4. How the knee is now

**Pain over the last week, from 0 (no pain) to 10 (the worst pain imaginable):**

**Usual pain (0 to 10):** ☐ **Worst pain (0 to 10):** ☐

**Where does it hurt? You may tick more than one.**

☐ At the front (on or around the kneecap) ☐ On the inner side (facing the other knee)
☐ On the outer side ☐ At the back of the knee ☐ The whole knee

**When does it hurt? You may tick more than one.**

☐ Going upstairs ☐ Going downstairs ☐ Squatting or kneeling ☐ Walking
☐ Running or jumping ☐ At night (it wakes me up)

**Other symptoms: choose one column in each row.**

| | Never | Sometimes | Often |
|---|---|---|---|
| The knee swells | ◯ | ◯ | ◯ |
| The knee gets stuck and will not straighten, and I have to move it to free it | ◯ | ◯ | ◯ |
| I feel something ‘catch’ or ‘snag’, but I can straighten it | ◯ | ◯ | ◯ |
| The knee ‘gives way’ | ◯ | ◯ | ◯ |

**If the knee gives way, when does it happen? You may tick more than one.**

☐ Turning or changing direction ☐ Going down stairs or slopes ☐ Walking on flat ground
☐ Without warning, at any time

**Do you also have any of these? You may tick more than one.**

☐ Pain in the groin or hip
☐ Pain that travels from the back down the leg
☐ Unexplained weight loss or fever in recent months
☐ Constant pain, day and night, that has been getting worse and is not relieved by rest or by painkillers
☐ None of these

If you ticked weight loss or fever, or constant pain that has been getting worse, please let Graciana Santos know straight away, by the phone number or e-mail she gave you. Do not wait for the video consultation. If you have a replacement in this knee and have had a fever with knee pain, go to an Accident & Emergency department today.

**Your legs are:**

◯ Straight ◯ Bow-legged (‘O’ shape) ◯ Knock-kneed (‘X’ shape) ◯ Don't know

**If they are bow-legged or knock-kneed, has this got worse in recent years?**

◯ No ◯ Yes ◯ Don't know

### 4. How the knee is now (continued)

**How far can you walk without stopping because of the knee?**

○ No limit ○ Over 1 km (over 15 minutes) ○ 500 m to 1 km (5 to 15 minutes)
○ Under 500 m (under 5 minutes) ○ Only indoors

**Do you use anything to help you walk? You may tick more than one.**

☐ No ☐ Walking stick ☐ Crutches ☐ Walking frame ☐ Wheelchair

**Does the knee fully straighten and fully bend?**

○ Yes ○ Does not fully straighten ○ Does not fully bend ○ Neither fully ○ Don't know

## 5. Treatment you have already had

**Have you had physiotherapy or supervised exercise?**

○ No ○ Yes

**If so, for how long?**

**Did the physiotherapy help?**

○ A lot ○ A little ○ Not at all

**Have you had injections into the knee?**

○ No ○ Yes

**If so, which injections? You may tick more than one.**

☐ Cortisone (steroid) ☐ Hyaluronic acid ☐ PRP (plasma from your own blood) ☐ Other
☐ Don't know

**How many in total?** **When was the last one (month and year)?**

**Did the injections help?**

○ A lot ○ A little ○ Not at all

**How long did the effect last?**

**Have you had an operation on this knee?**

○ No ○ Yes

**If so, for each operation give the date, what was done, the hospital and whether it went well:**

**If you have had cruciate ligament surgery: did the knee give way again afterwards?**

○ No ○ Yes, after a new injury ○ Yes, without any injury ○ It never became stable

## 6. Knee replacement

Answer only if you already have a replacement in this knee. If not, go to section 7.

**Date of the operation (month and year):**

**Which type of replacement do you have?**

- Total
- Partial (unicompartmental)
- Don't know

**After the operation, did the knee ever feel good?**

- Yes, for about (months or years):
- It never felt good
- Don't know

**Was the wound slow to heal, or did it leak fluid?**

- No
- Yes

**After leaving hospital, did you take antibiotics because of this knee (for example, for the wound or an infection)?**

- No
- Yes
- Don't know

**Have you had further surgery on this replacement?**

- No
- Yes

**If so, which operation and when?**

**Can you sit down in an ordinary chair?**

- Easily
- With difficulty
- I can't

**Does the knee feel unstable or give way?**

- No
- Yes

**In recent weeks, have you had a fever with knee pain? (If so, do not wait for the video consultation: go to A&E today.)**

- No
- Yes

**Has the knee been warm or red for weeks or months, without a fever?**

- No
- Yes
- Don't know

## 7. Your general health

**Do you have any of these conditions? You may tick more than one.**

- [ ] None
- [ ] Diabetes
- [ ] Heart disease
- [ ] High blood pressure
- [ ] Blood clots (thrombosis) or blood-clotting problems
- [ ] Rheumatic disease (for example, rheumatoid arthritis, gout)
- [ ] Kidney disease
- [ ] I take steroids every day, or medicines that lower the immune system (for example, for rheumatoid arthritis, psoriasis, inflammatory bowel disease or cancer)
- [ ] Other:

**Regular medicines, including painkillers (name and dose, if you know them):**

**Do you take blood-thinning medicines (for example, aspirin, warfarin, rivaroxaban, apixaban)?**

○ No ○ Yes, which:

**Allergies: you may tick more than one.**

- [ ] No
- [ ] To medicines:
- [ ] To metals (for example, earrings or watches that make the skin itch)
- [ ] Other:

**Do you smoke?**

○ No ○ Yes ○ I have stopped

**Is your work physically demanding on your knees?**

○ I do not work or am retired ○ No ○ A little ○ A lot

**Do you have pain elsewhere in your body that has lasted more than 3 months (for example, back, shoulders, hands)?**

○ No ○ Yes

**Are you under a doctor's care for anxiety or depression?**

○ No ○ Yes ○ I'd rather discuss it in the video consultation

## 8. What you want to get back to

This is the part that weighs most in choosing a treatment.

**What activities does your knee stop you doing today? (work, sport, walking, playing with grandchildren, travelling…)**

**What would you most like to be able to do again?**

**Before the problem, what sport or physical activity did you do?**

**At what level?**

○ None ○ Recreational ○ Club or competitive

**How many times a week?**

**What worries you most? You may tick more than one.**

☐ Pain ☐ Not returning to sport ☐ Recovery time ☐ The risks of surgery

☐ Time off work ☐ Other:

**If you wish, write up to 3 other questions for the video consultation:**

## 9. The scans and reports you will send

Tick what you are sending. Whenever possible, send the images themselves through the secure link, or send us the imaging centre's online access link, not just the report. If you only have the images on a CD, please speak to Graciana Santos.

**What you will send:**

☐ MRI scan. Date:

☐ X-rays, preferably taken standing. Date:

☐ Full-length leg X-ray, standing (if you have one)

☐ CT scan. Date:

☐ Reports of previous operations

### 9. The scans and reports you will send (continued)

- [ ] Clinic letters or the surgical proposal
- [ ] If you have a replacement: X-rays from before and after the operation, and the operation note
- [ ] If you have a replacement: recent blood tests for inflammation (CRP and ESR) and, if you had it, the result of the test on fluid drawn from the knee with a needle (aspiration). Date:

  _____
- [ ] A 30-second video, filmed by someone else, wearing shorts: walking towards the camera and side-on and, holding on to a chair or worktop, squatting as far as you can without severe pain. You do not need to show your face: filming from the waist down is enough. Avoid other people appearing in the video.

## How we handle your data

Data controller: SMEDOP, Lda., through which Dr Thiago Martins Aguiar provides this service. Contact for privacy matters: drthiagoaguiar@outlook.com.

What is collected: your answers to this questionnaire, and the scans and video you send. These are health data. Without the required fields we cannot prepare the video consultation; the others are optional.

What for: only to assess your case and to prepare the video consultation and the written summary. The written summary is sent to you through the same secure link. There is no automated decision-making or profiling.

Legal basis: the provision of health care, under medical confidentiality (Article 9(2)(h) of the General Data Protection Regulation and Article 29 of Portuguese Law No. 58/2019) and, for the service you requested, the performance of the service contract (Article 6(1)(b) of the same Regulation).

Who has access: Dr Thiago Aguiar and Graciana Santos, both bound by confidentiality. The questionnaire, the files and the video consultation run on Microsoft 365 for business, with data stored in the European Union and a contract that requires Microsoft to process them only on our behalf. Your data are not used for research or advertising, and are not sold or passed to third parties, except where the law requires it or where you ask us to. If Microsoft needs to access data from outside the European Union, it does so with the safeguards set out in the Regulation (an adequacy decision or standard contractual clauses).

Recording: the video consultation is not recorded.

How long: the written summary and your answers are kept in your clinical record for as long as needed for the continuity of your care and to meet the legal and professional obligations for keeping clinical records. The scans, the video and the file of this questionnaire are deleted from the upload platform within 30 days of you receiving the written summary; anything relevant is described in the summary.

Your rights: you may request access to, correction, erasure, restriction or portability of your data, as provided by law, using the contact above, and you may complain to the Portuguese data protection authority, Comissão Nacional de Proteção de Dados (www.cnpd.pt). More information in the Privacy Policy at cirurgiajoelho.pt/privacidade.

## 10. Confirmation (required)

☐ I confirm that the information in this questionnaire is true to the best of my knowledge.

☐ I understand that my answers, and the scans and video I send, are handled by Dr Thiago Aguiar and Graciana Santos, under medical confidentiality, only for this second opinion, as described above.

☐ I understand that the video consultation does not replace a physical examination of the knee, that an in-person appointment may be needed before deciding on surgery, and that at the end I will receive a one-page written summary.

If the patient is under 18, the confirmation is given by a parent or legal guardian, who gives their name in section 1.

**Name of the person confirming (the patient or, if under 18, the legal guardian):**

**Date (dd/mm/yyyy):**

**Signature (only if you print and complete it on paper):**

Thank you. If you have any difficulty completing the form, please contact Graciana Santos using the details you were sent.