**Supplementary material: Telephone proforma**

To be completed over the telephone with patients who return a reply slip providing agreement to be contacted by a researcher

i.) Patient name:

ii.) Patient telephone number:

iii.) Date of telephone call: [ ] [ ] /[ ] [ ] /[ ] [ ] [ ] [ ]

iv.) Years since knee replacement surgery: [ ]

v.) Able to kneel as reported in last follow-up questionnaire:

No, not at all [ ]  With much difficulty [ ]

1.) Do you still have difficulty kneeling?

2.) When did the difficulty with kneeling start?

3.) Did you expect to be able to kneel after your knee replacement?

4.) Does the difficulty you have kneeling affect your life in anyway?

*Prompts – does it affect self-care, housework, leisure activities, family activities?*

5.) How do you feel about the difficulty you have kneeling?

6.) Have you discussed the difficulty you have with kneeling with any healthcare professionals?

*Prompts– have you discussed this with your orthopaedic surgeon, GP, physiotherapist?*



7.) Have you received any advice or help from healthcare professionals about kneeling? If yes, was this advice helpful?

8.) Do you have any thoughts about any care or advice you would have liked to receive?



9.) Is there anything else that you would like to mention?



Comments