Part I: Background Information

1) Gender  □ Male   □ Female
2) Age (yr): Date of birth:
3) Time since TKA (mths):
   □ 6   □ 12   □ ≥24
4) Level of education
   □ Elementary school graduate or lower
   □ High school graduate
   □ College graduate or higher
5) Occupation
   □ Unemployed or retired (specify occupation prior to retirement:)
   □ Outdoor laborer    □ Homemaker or Indoor laborer    □ Professional
6) Residential area
   □ Village    □ Small city    □ Large city
7) Residential type
   □ Asian style    □ Mixed style    □ Western style
8) Monthly household income ($) 
   □ <1000  □ 1000-1999  □ 2000-2999  □ ≥3000

Part II: Satisfaction

The following questions in this part of the survey will assess your postoperative satisfaction. Please rate from 0 (extremely dissatisfied) to 10 (extremely satisfied) on the nine issues listed below.

1) Operating cost: how satisfied are you with the cost of TKA?
2) Post-operative pain management: how satisfied are you with the pain level you experienced in the first three days after the TKA?
3) Post-operative complications: how satisfied are you with our management of any post-operative (infection, hemorrhage requiring transfusion, pneumonia, urinary tract infection, or urinary incontinence) you may have experienced? Please rate 0 if you did not experience any post-operative complication.
4) Implant longevity: how satisfied are you with the current implant longevity which is known to last 15–20 years?
5) Incision esthetics: how satisfied are you with the esthetics of your operative incision?
6) Long-term pain management: how satisfied are you with the pain you are experiencing on a daily basis since the operation?
7) Routine daily activities: how satisfied are you with your ability to perform routine daily activities, such as walking or stair climbing?
8) Recreational sports: how satisfied are you with your ability to participate in recreational sports such as swimming or cycling?
9) High-flexion activities: how satisfied are you with your ability to perform high-flexion activities such as squatting, kneeling, or sitting on the floor with legs crossed?

Part III: Wish

The following questions in this part of the survey will assess your expectations and are designed to determine where improvements should be made with regard to TKA. Please read the following questions and rate your answers from a scale of 0 (not important) to 10 (extremely important).

1) Operating cost: I wish the cost of TKA was more affordable.
2) Post-operative pain management: I wish there was better pain control in the first three days after surgery.
3) Post-operative complications: I wish the surgery could be performed without any concern of Post-operative complication (such as infection, hemorrhage requiring transfusion, pneumonia, urinary tract infection, or urinary incontinence).
4) Implant longevity: I wish that implant longevity was longer than documented (i.e., 15–20 years).
5) Incision esthetic: I wish the surgical incision was smaller and more cosmetically pleasing.
6) Long-term pain management: I wish there was less knee pain on a daily basis.
7) Routine daily activities: I wish performing routine daily activities, such as walking or climbing stairs, were made easier.
8) Recreational sports: I wish I could better participate in physical recreational sports, such as swimming or cycling.
9) High-flexion activities: I wish I could more conveniently and comfortably squat, kneel, and sit on the floor with legs crossed.