



# Single Assessment Numeric Evaluation (SANE) and Subjective Knee Value (SSV) and VAS Pain Score

eform v 3.1

Patient Name: \_\_\_\_\_

Side:  Left

Patient ID: \_\_\_\_\_

Right

Date of review:         (complete either the date of review or the follow up period below)

Follow up period: Pre Op OR \_\_\_\_\_ Weeks / Months / Years (add the delay and circle one)

Simply place a vertical line at the position on the line below that corresponds accurately with your perception of your answer to the question. Please ensure that your line crosses the horizontal line, inside the shaded area.

How would you rate your knee today as a percentage of normal (0% to 100% scale with 100% being normal)?



How would you rate your pain on a scale of 0 to 100, with 0 being No pain and 100 being the worst possible pain.

