

Study ID					
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Initials				
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DOB					19		
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A1a. Reader : Reader1 Other² A1b. If other, please specify

A2. Date X-ray read:/...../.....

A3. Date X-ray taken:/...../.....

AP Knees

B1. Technical problem – film cannot be assessed accurately No⁰ Yes¹

B2. Severe rotation of film No⁰ Yes¹

B3. Severe tilt of film (Medial tibial plateau superimposition >1mm) No⁰ Yes¹

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		(i) Right	(ii) Left
B4.	Intra-articular knee implant (0/1)		
B5.	Kellgren & Lawrence (0-4)		
B6.	Medial tibial osteophyte (0-3)		
B7.	Medial femoral osteophyte (0-3)		
B8.	Lateral tibial osteophyte (0-3)		
B9.	Lateral femoral osteophyte (0-3)		
B10.	Medial joint space narrowing (0-3)		
B11.	Lateral joint space narrowing (0-3)		
B12.	Medial subchondral sclerosis (0/1)*		
B13.	Lateral subchondral sclerosis (0/1)*		
B14.	Medial bony attrition (0/1)*		
B15.	Lateral bony attrition (0/1)*		
B16.	Chondrocalcinosis (0/1)		

Lateral Knees

C1. Technical problem – film cannot be assessed accurately No⁰ Yes¹

C2. Severe rotation of film

No⁰ Yes¹

		(i) Right	(ii) Left
C3.	Intra-articular knee implant (0/1)		
C4.	Superior osteophyte (0-3)		
C5.	Inferior osteophyte (0-3)		
C6.	Joint space narrowing (0-3)		

Skyline Knees

		(i) Right	(ii) Left
D1.	Not done (=0), Available (=1)		
D2.	Medial PFJ narrowing (0/1)		
D3.	Lateral PFJ narrowing (0/1)		
D4.	PFJ subluxation (absent=0, lateral=1, medial=2)		

		(i) Right	(ii) Left
E	Pattern: 0=No OA, 1=Medial, 2=Lateral, 3=Patellofemoral, 4=Bicompartmental/tricompartmental		

E . Notes	
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*either femur, tibia or both