

**Appendix:**

**Attachment n° 1: evaluation form at 1 month, 3 months, 6 months used for the study follow-up**

Flag the time of evaluation

- 1 month**
- 3 months**
- 6 months**

Patient n° **ALICE** \_\_\_ \_\_\_ \_\_\_

- Define your pain intensity at rest (0 = no pain; 10 = worst pain possible):  
1    2    3    4    5    6    7    8    9    10
- Define your pain intensity during activity (0 = no pain; 10 = worst pain possible):  
1    2    3    4    5    6    7    8    9    10
- Do You take any analgesic drug?  
YES NO  
If Yes:  
Which type?.....  
Daily dose?.....
- Could you please define your current Quality of life (comparing with Quality of Life before surgery)?
  - Decreased
  - Unchanged
  - Improved
- Could you please define your satisfaction (0 = no satisfaction; 10 = excellent satisfaction)  
1    2    3    4    5    6    7    8    9    10
- Define your autonomy: how long are able to walk?
  - Less than 50 meters
  - Up to 500 meters
  - 500-1000 meters
  - More than 1000 meters