



KNEE QUESTIONNAIRE

DATE OF VISIT: _____ PATIENT NAME: _____

At baseline, what did/do you do for exercise and how often did/do you do each activity: _____

Which knee is bothering you? RIGHT LEFT BOTH (which is worse: _____)

When did the pain begin? _____

Cause of pain: Gradual onset Sports injury Accident Work comp injury

If there an injury occurred, describe what happened and when? _____

Any prior significant issues with that knee: No Yes

- Describe any previous injuries _____
- List any previous injections (when and with whom): _____
- List any previous surgeries (when, what, and surgeon's name): _____

Frequency of pain: Constant Intermittent

Pain level at rest, i.e. when not moving (please circle): 0 1 2 3 4 5 6 7 8 9 10 (10 is max)

Highest level of pain (please circle): 0 1 2 3 4 5 6 7 8 9 10 (10 is max)

Do you have buttock pain?: No Yes (describe when/what): _____

Do you have pain radiating down your leg?: No Yes: right / left / both (please circle)

Have you had back surgery or injections?: No Yes (describe when/what): _____

Have you have groin pain?: No Yes

Have you had a hip replacement?: No Yes (please circle: Right Left)

Describe the pain: Aching Sharp Constant aching with sharp pain on movement

Do you experience : Grinding Catching (gets stuck for a moment) Locking (gets stuck and you have to manipulate it to unlock it) Buckling (gives out on you) Clicking Popping

Snapping Feeling of instability Swelling

What causes pain: Sitting for long periods of time Going from sitting to standing Stairs

Uphill/downhill walking Twisting Kneeling Squatting Getting in/out of car

When is pain the worst? Morning At the end of the day Trying to get to sleep

Is it hard to fall asleep? No Yes

Does pain wake you from sleep? No Yes

Have you tried any of the following to relieve pain? Rest Heat Cold Home exercises

Massage Acupuncture

If you have had Physical Therapy: What facility: _____; How many sessions: _____

When was the last session: _____

List any medications taken for knee pain (name, dosage, and frequency): _____

Are you getting: Better Worse No change