

KNEE QUESTIONNAIRE

PLEASE FILL OUT THE FRONT SHEET OF THIS QUESTIONNAIRE AS BEST YOU CAN. ALL QUESTIONS MAY NOT APPLY TO YOUR KNEE. PLEASE MARK THESE N/A. THANK YOU.

Name _____ Age _____ Date of Birth _____ Date _____

Occupation _____ Do you play any sports? Yes _____ No _____

If so, what sport do you play? _____ Position _____

Which knee is bothering you? RIGHT _____ LEFT _____ BOTH _____ NEITHER _____

Did you injure the knee? Yes _____ Not sure _____

If you injured your knee, what was the date of injury? _____

In your own words, how did you injure your knee? _____

A.

1. Yes / No Could you walk without assistance immediately after the injury?
2. Yes / No Could you walk without assistance the next day?
3. Yes / No Did the knee swell immediately after the injury?
4. Yes / No Was the knee swollen the following day?
5. Yes / No Has the knee injury been treated?
6. Yes / No Has the knee bothered you without an injury?
7. Yes / No Have you had knee surgery?

B. Please circle any that apply to your knee at the present time, and number from the most to the least important complaint (1,2, etc.)

_____ Pain _____ Swelling _____ Loss of Motion _____ Deformity _____ Instability _____ Catching
A B C D E F

C.

1. Yes / No Do you have pain at the time of activities?
2. Yes / No Do you have pain after activities?
3. Yes / No Do you have pain at night?
4. Yes / No Do your knees swell after activities?
5. Yes / No Do your knees swell without activities?
6. Yes / No Do you have trouble squatting down?
7. Yes / No Do you have trouble kneeling?
8. Yes / No Do your knees hurt when first arising from the seated position?
9. Yes / No Do you try to sit where you can keep your legs straight?
10. Yes / No Do your knees feel unstable?
11. Yes / No Do your knees feel they may pop or give way with sudden twisting or side stepping?
12. Yes / No Do you have difficulty going up or down stairs?
13. Up / Down Do you have more difficulty going up or down stairs?
14. Yes / No Do you feel unstable with twisting, pivoting, or cutting?
15. Aggravating factors are: _____