

KNEE QUESTIONNAIRE

Name _____ Age _____ Gender _____ Date _____
Occupation _____

1. Medical Conditions: (check all that apply, past or current)

- ___ None known
- ___ Respiratory ___ Asthma ___ Emphysema ___ Other _____
- ___ Heart ___ Coronary Artery Disease ___ Heart attack/s ___ Valve Problems
- ___ Other _____
- ___ High Blood Pressure
- ___ Stroke
- ___ Stomach / GI ___ Reflux ___ Ulcer
- ___ Kidney Disease
- ___ Diabetes: ___ Insulin ___ Oral Medication ___ Diet
- ___ Rheumatoid Arthritis ___ Raynaud's ___ Lupus ___ Multiple Sclerosis
- ___ Fibromyalgia ___ Gout
- ___ Endocrine Disorder ___ Thyroid (___ Hypo ___ Hyper)
- ___ Lyme Disease
- ___ Blood Disorder ___ Bleeding Problem ___ Anemia
- ___ Hepatitis ___ A ___ B ___ C
- ___ Cancer _____
- ___ Tumor/s ___ Benign ___ Malignant
- ___ Osteopenia / Osteoporosis
- ___ Reflex Sympathetic Dystrophy (RSD) or **Complex Regional Pain Syndrome**
- ___ Neuropathy ___ Neuritis
- ___ Treatment for Pain Management
- ___ Depression ___ Alcoholism ___ Drug Dependency
- ___ Other _____

2. Surgical History :

<u>Type of operation</u>	<u>Date</u>	<u>Hospital</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

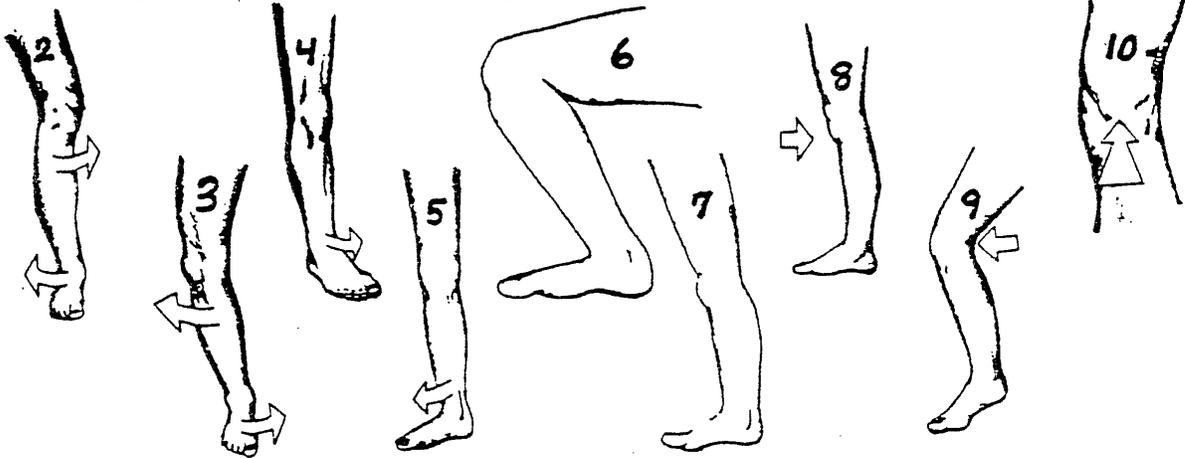
3. Current medications & dosage: (including over-the-counter, herbal, etc.)

_____	_____
_____	_____
_____	_____
_____	_____

4. Allergies: (medication, food, latex, etc.)

(OVER)

5. Is this problem related to ___ sports, ___ work, ___ auto, ___ other _____
6. Which knee bothers you? Right___ Left___ Both___
7. During what sport or activity did the injury/problem occur? _____
8. When did the injury or problem first appear?
 Month ___ Day ___ Year ___
9. Was there a “pop” during the injury? Yes___ No___
10. Did your knee shift out of joint during the injury? Yes___ No___
11. How long after the injury did you experience swelling?
 Never___ Within 4 hrs. ___ Within 12 hrs. ___ Within 24 hrs. ___
12. Does your knee ever lock? Yes___ No___
13. Do you have pain with: (check all that apply)
- Stairs___ Kneeling/Squatting___ Sitting___ Other _____
- Running___ Walking___ Standing___ Sleeping___
14. Which picture best describes your injury?



- | | |
|-----------------------------------|---------------------------------|
| 1. Never had an injury | 7. Knee straightened |
| 2. Knee went in and foot went out | 8. Leg and knee hit in front |
| 3. Knee went out and foot went in | 9. Leg and knee hit from behind |
| 4. Foot twisted in | 10. Kneecap struck |
| 5. Foot twisted out | 11. Unsure of injury mechanism |
| 6. Knee bent | |

15. What knee problems are you currently experiencing?
- | | |
|-------------------------|--------------------------|
| ___ Pain | ___ Giving way |
| ___ Swelling | ___ Crepitus or cracking |
| ___ Locking or catching | |

16. Who first saw and evaluated your injury? When? _____
 _____ Emergency room physician
 _____ Family physician _____ Orthopedic Surgeon
 _____ Coach or trainer _____ Other _____

17. What was the first diagnosis after your injury or problem?

18. What other treatments, if any, have you received for this problem?
 (i.e. brace, physical therapy, etc.) _____

19. If you have had any other knee problems in the past, please identify them:
 • _____
 • _____
 • _____

20. What is the nature of your pain? (dull, sharp, burning, throbbing, aching)

21. Do you notice that your knee has any temperature changes? (hot, cold) _____

22. Do you notice any skin color changes? If yes where? _____

23. Is light touch to skin painful? _____

24. Does ice application cause increased pain? (yes, no) _____

25. Please check the appropriate level of pain, swelling and giving way in both knees (if level is changed by the use of a brace please indicate this level with a "B").

<u>Pain:</u>	<u>Right</u>	<u>Left</u>
1. Severe with daily activities	_____	_____
2. Moderate with daily activities	_____	_____
3. Slight with daily activities	_____	_____
4. With light recreational sports	_____	_____
5. With hard jumping, twisting or competitive sports	_____	_____
6. No pain with any activity	_____	_____

(OVER)

Please check the appropriate level of pain, swelling and giving way in both knees (if level is changed by the use of a brace please indicate this level with a “B”).

Swelling:

Right

Left

- | | | |
|--|-------|-------|
| 1. Severe with daily activities | _____ | _____ |
| 2. Moderate with daily activities | _____ | _____ |
| 3. Slight with daily activities | _____ | _____ |
| 4. With light recreational sports | _____ | _____ |
| 5. With hard jumping, twisting or competitive sports | _____ | _____ |
| 6. No swelling | _____ | _____ |

Giving way:

Right

Left

- | | | |
|--|-------|-------|
| 1. Severe with daily activities | _____ | _____ |
| 2. Moderate with daily activities | _____ | _____ |
| 3. Slight with daily activities | _____ | _____ |
| 4. With light recreational sports | _____ | _____ |
| 5. With hard jumping, twisting or competitive sports | _____ | _____ |
| 6. No giving way | _____ | _____ |