



Knee Pain Questionnaire

Name: _____ Age: _____ Date: _____

Which knee has pain? Right Left Both

When did your present pain start (approximately what date)? _____

Was there a related injury/accident? Yes No Please explain: _____

Please describe how your pain started: No apparent cause

Have you had similar pain in the past? Yes No If yes, when? _____

Where is the pain located? Inside Outside Front Back

Please indicate how severe your pain is now (0=no pain to 10=worst pain) _____

Which of the following activities produces pain?

stairs squatting kneeling pivoting sitting getting up walking

How far can you walk before needing to rest? _____

Other _____

Which of the following symptoms do you have?

locking clicking swelling giving way none

Which of the following treatments have you used?

ice/heat NSAIDS (Motrin, Aleve, Celebrex) Tylenol physical therapy

Glucosamine/chondroitin sulfate Cortisone Injection

How much relief was provided? _____ How long did it last? _____

Do you use any of the following assistive devices?

brace crutches cane walker

Signature _____ Date _____