

Name: _____

Date: _____ / _____ / _____

Knee Pain Questionnaire

1. How long have you had pain? _____
 2. Was your pain sudden or gradual? _____
 3. Is your pain associated with an injury? If so, when and what type of injury
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4. Where is the pain located:

_____ Front	_____ Thigh
_____ Inner Knee	_____ Calf
_____ Outer Knee	_____ Other: _____
_____ Back of knee	_____

5. Check any of the following symptoms you are currently having:

_____ Popping	_____ Locking
_____ Catching	_____ Swelling
_____ Giving Way	

6. Check any of the following daily routines you have trouble with due to the pain:

_____ Walking	_____ Dressing
_____ Sitting	_____ Putting on socks and shoes
_____ Ascending stairs	_____ Sleeping
_____ Descending stairs	_____ Intimate relations

7. Check any of the following you use:

_____ Cane
_____ Crutches
_____ Walker
_____ Wheelchair

8. Do you have any other pain? Please list: _____
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