Patient Assessment Questionnaire -- KNEE

TO BE COMPLETED BY PATIENT AT EACH OFFICE VISIT

Name:			
Date:			_
Address:			

INSTRUCTIONS

This form asks for your views about your joint problem. This information will help your doctors keep track of how you feel and how well you are able to do your usual activities. Answer every question by filling in the appropriate box. If you are unsure about how to answer a question, please give the best answer you can and make a comment beside your answer.

- - · Make dark heavy marks that fill the box completely with a No. 2 Pencil.
 - · Erase unwanted marks cleanly.
 - Make no stray marks on this answer sheet.
 Do not fold, roll, or bend.

PROPER MARK IMPROPER MARK

tight Side 🗆 Yes	If yes, please	odicate the						
□ No			ocation	☐ Anterior	part Inner par	Outer part	Posterior part	□ All
	Please r	ate the sev	erity of t	he pain:			cy of the pain:	
		മമായത	,			മായത്ത	,	
	Severe	Moderate	Mild	None	Daily	Weekly	Monthly	
eft Side 🖂 Yes	If yes, please	ndicate the	location	☐ Anterior	part Inner par	Outer part	Posterior part	□ All
□ No	Please r	ate the sev	erity of t	he pain:	Please indicat	e the frequenc	cy of the pain:	
	Severe	Moderate	Mild	None	Daily	Weekly	Monthly	
,			ee pain	□ Y	ts 🗆 No			
If yes, what n	,	ou use?		How n	nany times per day	?		
Codeine								
☐ Darvon								
Dilaudid	☐ Tylenol #3	□ Nupren		Please ind				
				,				
low far can you w			(20)					
								None
o you limp becau	se of your righ	s knee!□	Yes 🗆	No C	o you limp beca	use of your l	eft knee? □Yes	ΩN
If yes, please indica	ite how often yo	u limp:	Оссы	ionally	Intermittently	All the time		
(II) (II)	(x)	on 60	130	360	(2) (0)	C9O (12		
low much difficul	ty do you have	putting o	n your s	hoes and so	ocks because of	rour right kn	ee?	
Unable (C)	Great difficulty		foderate		Slight difficu			
	loy you need to us If yes, what r Codeine Darvon Demerol Dilaudid Lortab Identification Identi	No Please ri (B) (C) Severe No you need to use medication do you lif yes, what medication do you Codene Percocet Darvon Percocet Davon Demerol Talvin Dilaudid Tylenol #3 Lortab Tylenol #3 Severely Severely Low much does pain in the affect Severely Low far can you walk? Low much assistance do you reget If yes, please indicate how often you low much difficulty do you have (B) Unable Someone's assistant Low much difficulty do you have (B) Unable Great difficulty Low much difficulty do you have (B) Unable Great difficulty Low much difficulty do you have (B) Unable Great difficulty Low much difficulty do you have	Please rate the sev Severe Moderate To you need to use medication for your kn If yes, what medication do you use? Coderne Percocat Advil Dannon Percodan Aleve Demerol Tablen Apprin Dilaudid Tylenol #3 Nupren Dilaudid Tylenol #3 Nupren Horphine Vicodin Other Iow much does pain in the affected (operate) Severely Modern Iow far can you walk? House bound None Thy do you feel you need this assistance? Iow ou limp because of your right knee? If yes, please indicate how often you limp: Iow much difficulty do you have going up Thy do you feel you on have going up Thy do you feel you on have going up Thy do you feel you on have going up Thy do you feel you on have going up Thy do you feel you on have going up Thy do you feel you on have going up Thy do you feel you have going up Thy do you feel you have going up Thy do you feel you have going up Thy do you have going up	Please rate the severity of to Severe Moderate Mild Proposed Percocat Advil Demonstrate Proposed Propo	Please rate the severity of the pain: Severe Moderate Mild None	Please rate the severity of the pain: Please indicate	Please rate the severity of the pain: Please rate the severity of the pain: Severe Moderate Mild None Daily Weekly	Please rate the severity of the pain: Please indicate the frequency of the pain: Please indicate the worker you need to take medication: Please indicate the worker you need to take medication: Please indicate the worker you need to take medicate in the indicate the pain: Please indicate the worker you need to take medicate in the indicate the pain: Please indicate the worker you need to take medicate in the indicate the pain: Please indicate the worker you need to take medicate in the indicate the pain: Please indicate the pow often you need to take medicate in the indicate indicate in the indicate indicate in the indicate indic

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FORM NO. A25218

Fig. E-1(a)

	low much help do o a chair, etc.) bec Dependent	ause o	of your	r affe	cted k	rson: nee?	al car	e acti		io.	(2) omewhat	00 00	ng, toilet, tr	ansferr
						_								
8. H	low much difficulty	do y	ou hay	re do	ing yo	ur ho	useh D	old ac	tivitie	s bed	cause of	your affected k	nee?	
	Unable			Wor	k with	help						Wor	k without help	
9. H	low much does you	ır affe	cted	knee	influe	nce y	our se	ocial a	ctivit	ies?				
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			_	_										
10. W	Vere you working t	sefore No	your	total	knee	repla	ceme	ent?	1			ir occupation:		
D	oid you return to w		fter y	our o	perati	on?			0	⊃ Law	sician yer	☐ Teacher ☐ Salesperson	☐ Cashier	(Clerk ryClerica
	□ Yes □	No							-	⊃ Lab	orer	☐ Housewife	C Other	,
11. P	lease indicate if yo	u are	active	in a	ny of t	he fo	llowin	ng act	ivitie	s and	how	How	far can you.	
of	ften you participat	e in t			Monthly			Weekly			Daily	Walk	Run	Sw
	Walking ©	Œ	00	00	(30)	œ	200	00	00	œ	OE .	thaou	Miles	146
	Running (2)	ω	œ	(D)	90	(X)	003	(2)	000	00	(TE)	- CD (D)	(30)(30)	(3)
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Wor	rk out at gym ③	œ	œ	000	00	(3)	(8)	(2)	(8)	(30)	(12)	- 0000	(30,00	(30)
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-	Golf ®	æ	(2)	œ	00	00	00	(2)	000	(30)		Do you use a cart		□ No
-	Other (0)	00	œ	œ	000	œ	(8)	(2)	(0)	(30)	GB3	oo you use a care	163	-140
12. If	you have not yet l urgery, please rate Right Sid	your e	degre Dana	e of s	atisfa DGD (7	ction can c	with East	the s	ırger	y. Side	താന	മാമായയായാ	OD 00 00	
1		natrife		tiefed	Very Sa						insatisfied	Sattsfied Very Sati	rfied Fully Sacoli	М
aff be of rei	ease mark the appropri ralutation category for ea fected knee. If surgery is one performed, list the di- the most recent surgeri fevant to these joints. (Valuation Interval D CD Institution FU D CD Institut	ch us stee es	2 m 0	ght Kn	te		on L	BOD DOD DOD DOD DOD DOD DOD DOD DOD DOD		10,0,0,0,0,0	Weight	□ Notes:		
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