

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: 

1. Have you had pain recently (within the last 3 months) on the affected knee?

- Right Side** ☐ Yes ☐ No If yes, please indicate the location: ☐ Anterior part ☐ Inner part ☐ Outer part ☐ Posterior part ☐ All
- Please rate the severity of the pain: ☐ (1) ☐ (2) ☐ (3) ☐ (4) ☐ (5) ☐ (6) ☐ (7) ☐ (8) ☐ (9) ☐ (10)
Severe Moderate Mild None
- Please indicate the frequency of the pain: ☐ (1) ☐ (2) ☐ (3) ☐ (4) ☐ (5) ☐ (6) ☐ (7) ☐ (8) ☐ (9) ☐ (10)
Daily Weekly Monthly
- Left Side** ☐ Yes ☐ No If yes, please indicate the location: ☐ Anterior part ☐ Inner part ☐ Outer part ☐ Posterior part ☐ All
- Please rate the severity of the pain: ☐ (1) ☐ (2) ☐ (3) ☐ (4) ☐ (5) ☐ (6) ☐ (7) ☐ (8) ☐ (9) ☐ (10)
Severe Moderate Mild None
- Please indicate the frequency of the pain: ☐ (1) ☐ (2) ☐ (3) ☐ (4) ☐ (5) ☐ (6) ☐ (7) ☐ (8) ☐ (9) ☐ (10)
Daily Weekly Monthly

1a. Do you need to use medication for your knee pain?

If yes, what medication do you use?

- ☐ Codeine ☐ Percocet ☐ Advil ☐ Darvon ☐ Percodan ☐ Aleve ☐ Demerol ☐ Tylenol ☐ Aspirin ☐ Dilaudid ☐ Tylenol #3 ☐ Nupren ☐ Lortab ☐ Tylox ☐ Tylenol ☐ Morphine ☐ Vicodin ☐ Other

☐ Yes ☐ No

How many times per day?

- ☐ (1) ☐ (2) ☐ (3) ☐ (4) ☐ (5) ☐ (6) ☐ (7) ☐ (8) ☐ (9) ☐ (10)

Please indicate how often you need to take medication:

- ☐ (1) ☐ (2) ☐ (3) ☐ (4) ☐ (5) ☐ (6) ☐ (7) ☐ (8) ☐ (9) ☐ (10)
Daily Weekly Monthly

1b. How much does pain in the affected (operated) knee influence your sense of well-being emotionally?

- ☐ (1) ☐ (2) ☐ (3) ☐ (4) ☐ (5) ☐ (6) ☐ (7) ☐ (8) ☐ (9) ☐ (10)
Severely Moderately Slightly None

2. How far can you walk?

- ☐ (1) ☐ (2) ☐ (3) ☐ (4) ☐ (5) ☐ (6) ☐ (7) ☐ (8) ☐ (9) ☐ (10)
House bound None 5 blocks No limit

3a. How much assistance do you require?

- ☐ Can't walk ☐ Walker ☐ 2 Crutches ☐ 1 Crutch ☐ Cane ☐ None

3b. Why do you feel you need this assistance?

- ☐ Problems with the affected knee ☐ Other reasons

4. Do you limp because of your right knee?

☐ Yes ☐ No

Do you limp because of your left knee?

☐ Yes ☐ No

If yes, please indicate how often you limp:

- ☐ Occasionally ☐ Intermittently ☐ All the time

5. How much difficulty do you have going up or down stairs because of your affected knee?

- ☐ (1) ☐ (2) ☐ (3) ☐ (4) ☐ (5) ☐ (6) ☐ (7) ☐ (8) ☐ (9) ☐ (10)
Unable Someone's assistance Crutch or cane Bannister None

6. How much difficulty do you have putting on your shoes and socks because of your right knee?

- ☐ (1) ☐ (2) ☐ (3) ☐ (4) ☐ (5) ☐ (6) ☐ (7) ☐ (8) ☐ (9) ☐ (10)
Unable Great difficulty Moderate difficulty Slight difficulty None

How much difficulty do you have putting on your shoes and socks because of your left knee?

- ☐ (1) ☐ (2) ☐ (3) ☐ (4) ☐ (5) ☐ (6) ☐ (7) ☐ (8) ☐ (9) ☐ (10)
Unable Great difficulty Moderate difficulty Slight difficulty None

Dependent Partial Somewhat Independent

Unable Work with help Work without help

Greatly Moderately Slightly Not at all

☐ Yes ☐ No

☐ Physician ☐ Teacher ☐ Cashier/Clerk
☐ Lawyer ☐ Salesperson ☐ Secretary/Clerical
☐ Laborer ☐ Housewife ☐ Other

☐ Yes ☐ No

How far can you, . . .

Do you use a cart? ☐ Yes ☐ No

Right Side

<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unsatisfied	Satisfied	Very Satisfied	Fully Satisfied							

Left Side

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unsatisfied	Satisfied	Very Satisfied	Fully Satisfied							

 Notes:

[illegible]

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DO NOT MARK IN THIS AREA

Fig. E-1(b)