KNEE QUESTIONNAIRE
Advanced Sportsmedicine Center

1. FULL NAME: ____ **AGE:** _____ **TODAY'S DATE:** ____/____/____

2. Which knee bothers you? RIGHT☐ LEFT☐ BOTH☐

3. When was the **first time** you ever had knee symptoms?____

4. When did your **present** knee problem begin? ____________________ How did it occur? ______________________________
____
____
____
____
____

5. How far or how long can you walk without stopping because of knee symptoms? ______Hours ______Miles Unlimited

6. Have you had prior **right** knee injuries? YES☐ NO☐ If so, when & what?_______________________________

7. Have you had prior **left** knee injuries? YES☐ NO☐ If so, when & what?_______________________________

8. What part of your knee hurts? MEDIAL (Inner part) ☐ LATERAL (Outer part) ☐ FRONT ☐ BACK ☐ KNEECAP ☐

9. Describe the type of pain you have: CONSTANT ☐ INTERMITTENT☐ SHARP ☐ DULL ☐ STABBING ☐ BURNING ☐ ACHING☐

10. Do you have pain while trying to sleep at night? YES☐ NO☐

11. What causes knee pain?
STAIRS ☐ SQUATTING ☐ STANDING ☐ WALKING ☐ WEATHER ☐ SITTING ☐ KNEELING ☐
NONE ☐ OTHER____

12. My knee pain is now getting: WORSE ☐ BETTER ☐ STAYING THE SAME ☐

13. My knee: POPS ☐ LOCKS ☐ SWELLS ☐ GIVES OUT ☐ DOES NONE OF THESE ☐

14. My legs have: LOSS OF SENSATION ☐ TINGLING ☐ NONE OF THESE ☐

15. Are activities of daily living limited? YES☐ NO☐
If so, please list activities UNABLE to perform: ____

16. Have you had knee X-rays? YES☐ NO☐ If so, when & where?____________________________________

17. Have you had a knee MRI? YES☐ NO☐ If so, when & where?____________________________________

18. Has a doctor evaluated your knee? YES☐ NO☐ If so, whom? ____________________________________

19. Check any knee treatments you have tried before today:
ICE☐ HEAT☐ REST☐ CRUTCHES/CANE/WALKER☐ BRACES☐ ACE WRAP/SLEEVE☐
HOME REHAB/EXERCISES☐ INJECTIONS☐ PHYSICAL THERAPY☐ GLUCOSAMINE ☐
CHONDROITIN☐ HERBAL REMEDIES☐ MSM☐ NONE☐
KNEE MEDICATIONS ☐ ____

WHICH TREATMENTS HAVE HELPED? (Please list)____

WHICH TREATMENTS HAVE WORSENED YOUR CONDITION? (Please list)___________________________