



KNEE QUESTIONNAIRE

YOUR NAME:.....

Which Knee? **LEFT** **RIGHT**

DIAGNOSIS: (What complaints or symptoms caused you to seek medical help?)

.....
.....

How long have you have these symptoms?.....

PLEASE CIRCLE THE ANSWER THAT APPLIES TO YOU.

Did they develop suddenly or gradually? **Suddenly** **Gradually**
Does your knee lock? **Yes** **No**

If yes, how and when?.....

Do you hear a click when walking? **Yes** **No**

Do you feel something move in your knee when walking? **Yes** **No**

Does your knee give way? **Yes** **No**

Have you had surgery on this knee? **Yes** **No**

If yes, where and when?.....

Was the surgery.....

Arthroscopic surgery? (with camera) **Yes** **No**

Open surgery? (Knee Replacements, etc) **Yes** **No**

Have you have a **Menisectomy**? **Yes** **No**

Have you have any Ligament repair? **Yes** **No**

If yes, was it the **(please circle)**

ACL Anterior Cruicate Ligament

PCL Posterior Cruicate Ligament

MCL Medial Collateral Ligament

LCL Lateral Collateral Ligament

Other?

Please turn over questionnaire continues

Location of pain? Mark on image

RIGHT KNEE

LEFT KNEE



What movement gives you the most problems?

.....

.....

PRIOR IMAGING STUDIES

Have you had any of the following procedures on your knee....

PRIOR MRI? (where and when)

.....

CT (or CAT scan) ?

.....

X-RAYS?

.....

INJECTIONS OR DRAINAGES?.....

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