

## KNEE QUESTIONNAIRE

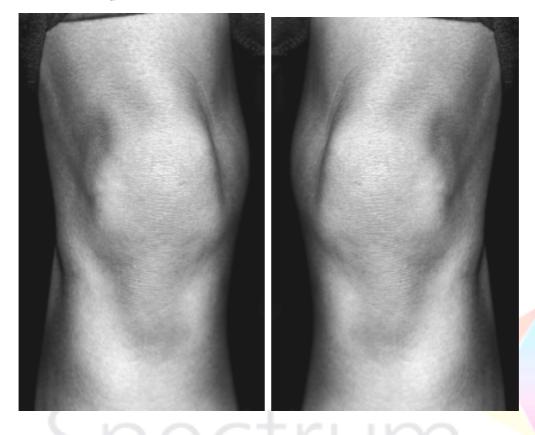
YOUR NAME:				
Which Knee?	LEFT	RIGH	RIGHT	
DIAGNOSIS: (What complaints or			• •	
How long have you have these syn	nptoms?			
PLEASE CIRCLE THE ANSWER T	HAT APPLIES TO YOU	J.		
Did they develop suddenly or gradually?		Suddenly	<b>Gradually</b>	
Does your knee lock?		Yes	No	
If yes, how and when?				
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 <b>Menisectomy</b> ?		Yes	No	
Have you have any Ligament repair?		Yes	No	
If yes, was it the (please circle)				
ACL	Anterior Cruicate L	igament		
PCL	Posterior Cruicate Ligament			
MCL	Medial Collateral Li	gament		
LCL	Lateral Collateral L	igament		
Other	?			
	D1	_	_	

Please turn over questionnaire continues

# Location of pain? Mark on image

#### RIGHT KNEE

### LEFT KNEE



What movement gives you the most problems?	
medical imaging	

### 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?
A IMIO:
INJECTIONS OR DRAINAGES?