



# All-Star Orthopaedics and Sports Medicine

## Left Knee Questionnaire

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date of Visit: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Referred by: \_\_\_\_\_

Date of Injury or Onset: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Please indicate answers by completely filling in the applicable circles.**

Is there pain?    ☐ YES    ☐ NO

If YES, describe your pain:    ☐ dull    ☐ sharp    ☐ stabbing    ☐ burning    ☐ aching  
(mark all that apply)    ☐ throbbing    ☐ shooting    ☐ squeezing    ☐ pressure    ☐ crampy  
                                 ☐ worsening    ☐ better since onset

Pain is worse when:    ☐ weight bearing    ☐ squatting    ☐ getting up from seated position    ☐ kneeling down  
(mark all that apply)

Pain is located:    ☐ top    ☐ bottom    ☐ inside    ☐ outside  
(mark all that apply)

Please rate your pain    **0 = no pain**    **10 = extreme pain**

Pain Today:    ☐ 0    ☐ 1    ☐ 2    ☐ 3    ☐ 4    ☐ 5    ☐ 6    ☐ 7    ☐ 8    ☐ 9    ☐ 10

Pain at Best:    ☐ 0    ☐ 1    ☐ 2    ☐ 3    ☐ 4    ☐ 5    ☐ 6    ☐ 7    ☐ 8    ☐ 9    ☐ 10

Pain at Worst:    ☐ 0    ☐ 1    ☐ 2    ☐ 3    ☐ 4    ☐ 5    ☐ 6    ☐ 7    ☐ 8    ☐ 9    ☐ 10

Was there an injury?    ☐ YES    ☐ NO    If YES, was it work related?    ☐ YES    ☐ NO

What happened to your knee? \_\_\_\_\_

There is:    ☐ locking or catching    ☐ giving way    ☐ popping    ☐ stiffness or loss of motion  
(mark all that apply)    ☐ increased warmth    ☐ bruising    ☐ redness    ☐ numbness or tingling  
                                 ☐ swelling    ☐ none of the above

On this knee, you have had prior:    ☐ x-rays    ☐ MRIs    ☐ CT scans    ☐ EMGs    ☐ nerve studies    ☐ surgery  
(mark all that apply)    ☐ none of the above

Treatments Tried in the Past:    ☐ anti-inflammatories    ☐ brace    ☐ splint  
(mark all that apply)    ☐ pain medication    ☐ fluid drained    ☐ injection  
                                 ☐ physical therapy    ☐ none of the above

Please mark all activities in which you participate:

<input type="radio"/> football	<input type="radio"/> baseball	<input type="radio"/> softball	<input type="radio"/> basketball	<input type="radio"/> soccer
<input type="radio"/> hockey	<input type="radio"/> lacrosse	<input type="radio"/> volleyball	<input type="radio"/> cross country	<input type="radio"/> running
<input type="radio"/> swimming	<input type="radio"/> skiing	<input type="radio"/> tennis	<input type="radio"/> racquetball	<input type="radio"/> handball
<input type="radio"/> bowling	<input type="radio"/> golf	<input type="radio"/> horseback riding	<input type="radio"/> skateboarding	<input type="radio"/> surfing
<input type="radio"/> climbing	<input type="radio"/> rowing	<input type="radio"/> fishing	<input type="radio"/> yard work	<input type="radio"/> heavy housework
<input type="radio"/> video games	<input type="radio"/> guitar/bass	<input type="radio"/> piano	<input type="radio"/> drums	<input type="radio"/> musical instruments