



All-Star Orthopaedics and Sports Medicine

Right Lower Extremity 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.

Location: ☐ hip ☐ thigh ☐ knee ☐ shin ☐ calf ☐ ankle ☐ foot ☐ toe(s)
(mark all that apply)

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)

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? _____

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 the affect area, 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