KNEE QUESTIONNAIRE

Name_____ Age_____ Date_____

Knee Involved L R Both

Primary Problem(s) (circle) Pain Location_____
Weakness
Loss of motion
Instability

Onset date_____ Duration of Problem_____

Specific Injury Y N Type_____
Sports Related Y N Sport_____/ Level_____
Still Playing Y N Level_____
Date Last Played_____

Symptoms (circle)

Swelling Y N Popping Y N
Locking/Catching Y N Unable to Straighten Y N
Giving Way Y N

Pain Increased on (check) Severity of Pain

Sudden Turns _____ Mild _____
Squatting _____ Moderate _____
Kneeling _____ Severe _____
Sitting _____ Frequency of Pain_____
Upstairs _____ Pain at Rest Y N
Downstairs _____ Pain at Night Y N

Injury Work Related Y N
Still Working Y N
Workers' Compensation Y N Date Last Worked_____
Legal Claims Y N

Prior Evaluation
X-rays Y N Results_____
MRI Y N Results_____

Prior Treatment
Medication Y N Helpful? Y N
Injections Y N Helpful? Y N
Physical Therapy Y N Helpful? Y N

Examination: R L Both

Standing alignment: valgus / neutral / varus Squat OK: Y N
Effusion: tr / 1+ / 2+ /3+ ROM: Ext_____ Flex_____
PF Crepitus: + / - PF Tracking: nl / abn PF Apprehension: + / -
Patellar facet tenderness: med / lat Q angle _____
Quad atrophy: + / -
Stability: Lachman___ Ant. Drawer___ Post. Drawer___ Pivot Shift___
Valg (0)___ Valg (30)___ Var (0)___ Var (30)___
Joint Line tender: medial lateral McMurray: + / -
Sensory: nl / abn Motor: nl / abn Vascular: DP___ PT___