



Current Symptoms: \_\_\_\_\_

What is the level of your pain? (Check one in each column)

- |                                   |   |  |
|-----------------------------------|---|--|
| <input type="checkbox"/> Mild     | <input type="checkbox"/> Dull               | <input type="checkbox"/> No ache           |
| <input type="checkbox"/> Moderate | <input type="checkbox"/> Sharp (Knife-like) | <input type="checkbox"/> Intermittent ache |
| <input type="checkbox"/> Severe   | <input type="checkbox"/> Burning            | <input type="checkbox"/> Constant ache     |

Where is the pain located? (Check all that apply)

- Entire front of knee
- Under kneecap
- Inside of knee
- Outside of knee
- Deep within the knee – all over
- Deep within the knee – in one area
- Small local area in front of knee
- Back of knee

What makes the knee pain worse? (Check all that apply)

- |                                  |                                   |                                   |                                    |
|----------------------------------|-----------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Sitting | <input type="checkbox"/> Stairs   | <input type="checkbox"/> Kneeling | <input type="checkbox"/> Standing  |
| <input type="checkbox"/> Running | <input type="checkbox"/> Crawling | <input type="checkbox"/> Walking  | <input type="checkbox"/> Squatting |

Do you experience any of the following with your knee? (Check all that apply)

- Swelling
- Giving way of the knee after pain
- Giving way of the knee without pain or warning
- Pain at night (awakens from sleep)
- Locking – where the knee will not straighten

What are your functional limitations?

- Unable to walk (crutches required)
- Unable to perform household tasks
- Unable to work
- Unable to perform in sports  
Type of sports \_\_\_\_\_

Is this pain:     The same             Improving             Worse

Other bone or joint problems:

- Pain        Where? \_\_\_\_\_
- Swelling    Where? \_\_\_\_\_
- Surgery? \_\_\_\_\_

Patient Name \_\_\_\_\_