

# Knee Questionnaire

## Jay Kimmel M.D.

Name \_\_\_\_\_ Date \_\_\_\_\_

Have you or a family member been a previous patient of Dr. Kimmel? Yes No

### Reason for Visit:

Right Knee \_\_\_\_\_ Left Knee \_\_\_\_\_ Both Knees \_\_\_\_\_

Date of Injury/Onset \_\_\_\_\_

What Happened? (Be specific) \_\_\_\_\_

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### Where Does It Hurt

Inner side of knee Yes No

Outer side of knee Yes No

Front of knee Yes No

Back of knee Yes No

Around kneecap Yes No

Below knee Yes No

Swelling Yes No

Stiffness Yes No

## Symptoms

Gives way	Yes	No
Unable to straighten	Yes	No
Suddenly buckled	Yes	No
Suddenly locked up	Yes	No
Locks up intermittently	Yes	No
Clicking	Yes	No
Popping	Yes	No
Catches during movement	Yes	No

## Aggravating Factors

Occurs at rest	Yes	No
Worse in morning	Yes	No
Worsens with activity	Yes	No
Worse with weightbearing	Yes	No
Increased by stairs	Yes	No
Increased by kneeling	Yes	No
Increased by bending	Yes	No
Increased by twisting	Yes	No
Increased by squatting	Yes	No

## Alleviating Factors

Improved by brace	Yes	No
Improved by rest	Yes	No
Improved by heat	Yes	No
Improved by ice	Yes	No
Improved by meds	Yes	No

## Previous Treatment

Physical Therapy	Helped	Didn't Help	Have Not Tried
Cortisone Injection	Helped	Didn't Help	Have Not Tried
Medication	Helped	Didn't Help	Have Not Tried
Chiropractor	Helped	Didn't Help	Have Not Tried
Surgery	Helped	Didn't Help	Have Not Tried

Have you been treated by another physician for this problem? Yes No

If yes Name \_\_\_\_\_ Date \_\_\_\_\_

Have you had X-Rays? Yes No When/Where \_\_\_\_\_

Have you an MRI? Yes No When/Where \_\_\_\_\_