

KNEE QUESTIONNAIRE

Name _____ Date of Birth _____

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

IF THIS IS YOUR FIRST APPOINTMENT OR A NEW PROBLEM:

Left knee Right knee Both knees

Incident occurred when: _____

Incident occurred where: Home Work Motor Vehicle Accident

Other: _____

Injury mechanism: Unknown Direct Blow Fall Twisting Injury

Please **explain** the injury mechanism:

If no incident how long have you had symptoms _____

Pain Location:

Inner side Outer side Front Back Around knee cap Below knee

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

Associated Symptoms

Aggravated By

Swelling

Nothing

Inability to bear weight

Movement/Activity

Muscle Weakness

Weight Bearing

Loss of Motion

Stair Climbing

Gives Way

Kneeling

Locking

Bending

Clicking

Twisting

Unable to straighten

Worse in morning

