CHICO ORTHOPAEDIC SURGERY & SPORTS MEDICINE
KNEE QUESTIONNAIRE

PATIENT_____ DATE_____

Right Left Bilateral

Do you feel your injury is work related? Yes No
Is there an open work comp claim for this injury? Yes No
Is your claim in Litigation? Yes No

How was your knee injured? _____
_____
_____

PAIN
Where does it hurt_____
Frequency of pain: Constant Intermittent
Aggravating Activities (please circle):
Stairs (up/down) uneven ground prolonged sitting running climbing
Squatting kneeling prolonged standing/walking
Other_____

Walking aid used: None Cane Crutches Walker Wheelchair Motorized Scooter

Giving out or dislocations Yes No

Locking, catching, clicking Yes No

Swelling Yes No

Loss of motion Yes No

Prior knee problems Yes No

Prior knee surgery Yes No

Presently working Yes No N/A

Treatment received:
Medications _____
Injections _____
Physical therapy (how many sessions)_____
Surgery _____
Other Physicians _____
Chiropractic _____
Other _____