



Dr. Cheung New Patient Knee Questionnaire: Occupation: \_\_\_\_\_

Name \_\_\_\_\_ Age: \_\_\_\_\_

1. Which knee hurts the most?  Right  Left
2. How long have you had pain in the knee? \_\_\_\_\_ months \_\_\_\_\_ years
3. Was there an injury?  No  Yes: Description (include date of injury) \_\_\_\_\_
4. Does your knee feel unstable?  Yes  No
5. Do you have any previous surgeries to the knee?  No  Yes. Description (include approximate dates): \_\_\_\_\_

6. Does pain radiate?  No  Yes, it radiates to my:  Thigh  Lower leg  Ankle

Other: \_\_\_\_\_

7. Type of pain:  Sharp  Dull/Aching  Tingling/Electric  Burning

8. Severity of pain from 0-10 scale (0 none, 10 maximum): \_\_\_\_\_

9. Degree of disability:  None  Slight/Occasional  Mild with no effects on activities

Moderate but tolerable  Marked with serious limitations  Totally disabling

10. Is the pain worse at night (sleeping) or worse during daytime?  Night  Daytime

11. Does the pain wake you up at night?  No  Yes: Frequency is \_\_\_\_ times  per night  per week

12. What interventions have you had recently for the knee?  Over the counter brace  Custom fit brace

Narcotics  Tylenol  Anti-inflammatory medications  Physical therapy

Degree of relief from the above:  None  Minimal  Moderate  Good

13. How many steroid injections have you had for the knee? \_\_\_\_\_

How much pain relief?  None  Minimal  Moderate  Good

How long pain relief? \_\_\_\_\_ weeks \_\_\_\_\_ months \_\_\_\_\_ years

14. How many viscosupplementation injections (synvisc, hyalgan, orthovisc, etc) have you had for the knee? \_\_\_\_\_

How much pain relief?  None  Minimal  Moderate  Good

How long pain relief? \_\_\_\_\_ weeks \_\_\_\_\_ months \_\_\_\_\_ years

15. Do you use any of the following:  Cane  Crutches  Walker  Wheelchair

16. Walking distance:  Unlimited  \_\_\_\_ minutes  Around the mall  2-3 blocks

Indoors only  From bed to chair only

17. Do you have any locking (the knee mechanically stops in mid-arc)?  Yes  No

18. Any swelling?  Yes  No

19. Aggravating factors: \_\_\_\_\_

20. Relieving factors: \_\_\_\_\_