

Knee Pain Questionnaire

Date: _____

1. How much pain do you have in your knee:

a

- a) At its worst?
0 _____ 10
No Pain Severe

- b) At its least?
0 _____ 10
No Pain Severe

- c) As it usually feels?
0 _____ 10
No Pain Severe

- 2. How often do you have pain in your knee? _____
- 3. How long does the pain in your knee last? _____
- 4. How does the pain in your knee affect your lifestyle? _____
- 5. Do you have any problems or any discomfort in your knee with the following activities?

Please circle the letter which applies to you.

- a) walking a short distance (about a city block)
- b) running a short distance (about a city block)
- c) climbing up 4 flights of stairs
- d) sitting for prolonged periods with your knees bent in one position
- e) kneeling
- f) squatting
- g) climbing up two flights of stairs
- h) walking as far as one mile
- i) jumping
- j) sitting for a short period with your knees bent in one position
- k) walking down one flight of stairs
- l) running as far as one mile

6. How does your knee affect your normal activities? _____

7. What was your sports or physical activity level before your knee condition?

8. At the present time, what is your level of sports or recreational activity?

9. Has your sports or recreational activity level changed due to your knee condition?

10. Has your performance at work changed due to your knee condition?
