



Download and print out this form, then answer these simple, multiple-choice questions to help us better understand your knee pain. **Bring these pages with you when you see an FOI physician for your knee pain.**

1. Which knee is causing you problems?

- Left Right Both

2. How would you describe your knee pain?

- Severe Moderate Mild Very Mild I do not have knee pain

3. How long have you had this pain?

- 3 or more years 1-3 years 1 year Started within past 6 months Just started

4. On a scale of 1-5, how much worse has your knee pain gotten recently?

- Extremely worse change, unable to bend or walk
 Worse change, very painful to bend or walk
 Some change, bending and walking are painful but tolerable
 Very little change, irritating to bend and walk
 No change

5. Have you gone through physical therapy for your knee pain?

- Yes No

6. Have you received injections into your knee joint as part of your treatment for knee pain?

- Yes No I do not know

7. If you have received knee injections, when did they start?

- Within the past 6 months Between 6 and 12 months ago
 Between 1 and 2 years ago More than 2 years ago

8. How long can you walk, with or without cane or walking device, before knee pain becomes an issue?

- Not at all, severe pain when walking Around the house only
 5 to 15 minutes 16 to 30 minutes No pain/More than 30 minutes

10. Does knee pain cause you to limp?

- All of the time Most of the time Often, not just at first
 Sometimes, or just at first Rarely/Never

11. In a month, how many nights does knee pain affect your sleep?

- Every night Most nights Some nights Only 1 or 2 nights No nights

12. How much does your knee pain limit your daily activities?

- Totally Greatly Moderately A little bit Not at all

13. How often do you feel like your knees are unstable or may fail to support you?

- All of the time Most of the time Often, not just at first
 Sometimes, or just at first Rarely/Never

14. Can you perform activities such as shopping and housekeeping on your own?

- No, impossible With extreme difficulty With moderate difficulty
 With little difficulty Yes, easily

16. What do you miss most because of knee pain?

- Walking Climbing stairs Fully bending my knee
 Participating in sports or activities Pain-free sleep