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Take our Knee Pain Assessment

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 us 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