



KNEE CLINICAL QUESTIONNAIRE

WHICH KNEE?  RIGHT  LEFT

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

1. Why has your doctor sent you for this test? Did he/she give you a specific diagnosis? \_\_\_\_\_

2. Please describe what specific complaints/symptoms have been most bothersome to you? \_\_\_\_\_

3. How long have you had these complaints/symptoms? \_\_\_\_\_

4. Did these complaints/symptoms come on suddenly or gradually? \_\_\_\_\_

5. Are these symptoms the:  same  better  worse

6. Please check if you have any of the following:

- Knee Locking
 Clicking in your knee when you walk
 Knee giving out on you
 Something moving in your knee when you walk

7. Have you ever had a prior knee injury?  yes  no
If yes, please describe: \_\_\_\_\_

8. Have you ever had surgery on this knee?  yes  no
 Arthroscopic When and Where: \_\_\_\_\_
 Open Surgery When and Where: \_\_\_\_\_
 Meniscectomy When and Where: \_\_\_\_\_
 Ligament Repair When and Where: \_\_\_\_\_
 Knee Replacement When and Where: \_\_\_\_\_

9. Have you ever had an Arthrogram on this knee?  yes  no
If yes, please describe: \_\_\_\_\_