



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: _____