

## HIP/KNEE QUESTIONNAIRE

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_

**Problem with:**

- Left Knee                       Left Hip  
 Right Knee                     Right Hip  
 Both Knees                     Both Hips

**Onset of Problem:**

- Gradual  
 Accident/Injury  
      Sports—Date: \_\_\_\_\_  
      Work—Date: \_\_\_\_\_  
 Other \_\_\_\_\_

**Have you had prior injury to knee/hip?**

- Yes    No

**Activities:**

- Unable to work  
 Unable to perform activities of daily living  
 Unable to participate in sports/recreation

**Frequency of Pain:**

- Occasional                       Constant  
 Wakes you at night

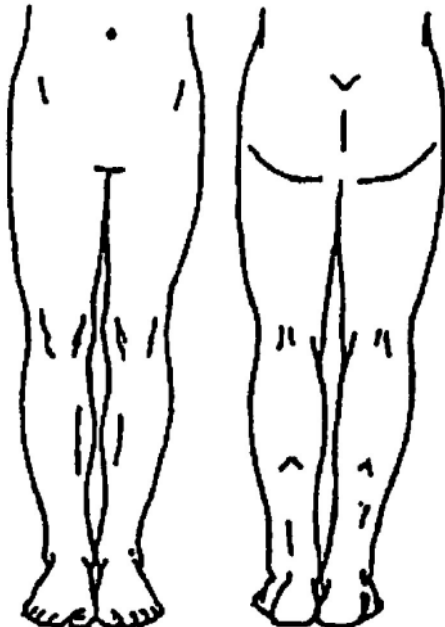
**Amount of Pain:**

- Mild       Moderate       Severe

**Pain Worsened by:**

- Twisting                               Walking  
 Sitting                                     Running  
 Exercise or Physical Therapy

**Please Mark Areas of Pain below:**



**Location of Pain**

- Groin area                               Buttock area  
 Down front of leg to knee  
 Inner side of knee  
 Outer side of knee  
 Knee cap area                       All over

**Knee/Hip give out or buckles:**

- Never                                       Often  
 While walking                       While on stairs  
 While pivoting/twisting

**Grating, Grinding, Clicking:**

- None                                       While walking  
 While on stairs

**Locking:**

- None                       Often                       Occasional

**Swelling:**

- None                       Occasional       Constant  
 Only with activity

**Position of Leg:**

- Becoming more bowlegged  
 Becoming more knock-kneed

**Walking aids:**

- Cane                                       Crutches  
 Walker                                     Wheelchair

**Mobility (Limp)**

- Limp                       No Limp                       Can't run

**How far can you walk?**

- 1 Block                                       1 Mile  
 2 Blocks                                     2 Miles  
 3 Blocks                                     Housebound

**Prior Treatment:**

- Knee / Hip surgery?                       Yes       No  
 Knee / Hip injection?                       Yes       No  
 Knee Brace?                                     Yes       No  
 Medication?                                     Yes       No  
 Physical Therapy?                               Yes       No  
 Off work?                                         Yes       No