KNEE PROBLEM: **Left Knee** **Right Knee** **Both Knees**

PATIENT NAME: _____ **Today's date:** / /

If you are seeing Associate Professor Kurmis regarding your knee(s), you please answer the following 12 questions.

Place a tick ✓ next to the words that best describes **your symptoms in the last 4 weeks.**

1. How would you describe the pain you **usually** have in your knee(s) ? ☐ None ☐ Very mild ☐ Mild ☐ Moderate ☐ Severe	**2.** How often are you troubled by pain in your knee(s) in bed **at night** ? ☐ Never ☐ Only 1 or 2 nights ☐ Some nights ☐ Most nights ☐ Every night
3. Can you **kneel down** and get up again afterwards without assistance ? ☐ Yes, easily ☐ With little difficulty ☐ With moderate difficulty ☐ With extreme difficulty ☐ No, impossible	**4.** How often do you **limp** when walking because of your knee(s) ? ☐ Rarely / never ☐ Sometimes, just at first ☐ Often, not just at first ☐ Most of the time ☐ All of the time
5. For how long are **able to walk** before the pain in your knee(s) becomes severe ? ☐ No pain for up to 30 minutes ☐ 16 to 30 minutes ☐ 5 to 15 minutes ☐ Around the house only ☐ Not at all	**6.** Are you able to **walk down** a **flight of stairs** ? ☐ Yes, easily ☐ With little difficulty ☐ With moderate difficulty ☐ With extreme difficulty ☐ No, impossible
7. Have you felt your knee might suddenly **give way** or let you down? ☐ Rarely / never ☐ Sometimes, just at first ☐ Often, not just at first ☐ Most of the time ☐ All of the time	**8.** After having been sitting for several minutes, how painful is it for you to **stand up from a chair** because of your knee(s)? ☐ No pain ☐ Slightly painful ☐ Moderately painful ☐ Extremely painful ☐ Unbearable

KNEE PROBLEMS (CONTINUED):

9. Do you have any trouble **getting in or out of a car** or using public transport because of your knee(s) ? ☐ No trouble at all ☐ Very little trouble ☐ Moderate trouble ☐ Extreme trouble ☐ Impossible to do	**10.** Do you have **trouble with self care** (for example, washing or drying yourself all over) because of your knee(s) ? ☐ No trouble at all ☐ Very little trouble ☐ Moderate trouble ☐ Extreme trouble ☐ Impossible to do
11. Could you do the **household shopping** on your own ? ☐ Yes, easily ☐ With little difficulty ☐ With moderate difficulty ☐ With extreme difficulty ☐ No, impossible	**12.** How much does pain from your knee(s) **interfere with your usual work** ? (including housework). ☐ Not at all ☐ A little bit ☐ Moderately ☐ Greatly ☐ Totally
Please list / describe any other symptoms you may have with your knee(s):	