



KNEE
PATIENT ASSESSMENT

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Account #

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Exam Date

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First Name

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MI

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Last Name

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Evaluation Interval Since Surgery

- Pre-Op
 Immed Post-op
 6 Weeks
 3 Months
 6 Months
 1 Year
 2 Years
 3 Years
 4 Years
 5 Years
 6 Years
 Other _____

Gender

- Male
 Female

Height (ft)

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Height (In)

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Weight (lbs)

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Affected Knee

- Left
 Right

Date of Birth

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- How often does knee pain limit your activities?
 Never
 Once a month or less
 Two to three times a month
 About once a week
 Several days a week
 Daily
- How often does stiffness, limited motion, or weakness in your knee limit your activities?
 Never
 Once a month or less
 Two to three times a month
 About once a week
 Several days a week
 Daily
- How much does your knee limit your ability to do sports or physical recreation?
 No limitations
 Slightly Limits me
 Moderately limits me
 Greatly limits me
 Totally limits me
 Not interested - don't do sports
- How much does your knee limit your ability to work?
 No limitations
 Slightly Limits me
 Moderately limits me
 Greatly limits me
 Totally limits me
 Not Working for other reasons
- During the past four weeks, how often has your knee interfered with your ability to get together with friends or relatives?
 None of the time
 A little of the time
 Some of the time
 A good bit of the time
 Most of the time
 All of the time
- Rate your knee pain from the list below
 No pain
 Mild/occasional
 Mild/occasional, stairs only
 Mild/occasional, walking/stairs
 Moderate (occasional)
 Moderate (continual)
 Severe
- When does your knee pain bother you?
 Pain with first steps which goes away
 Pain only after long walks
 Pain with all walking activity
 Pain at all times
 Other
- How difficult is it for you to put on your shoes and socks?
 No trouble
 Able, but difficult
 Unable
- How do you climb stairs (select one)
 Normal up and down
 Normal up; down with rail
 Up and down with rail
 Up with rail; unable down
 Unable to use stairs

KNEE - Patient Assessment (Cont.)

For Office Use Only

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10. How difficult is it for you to go from sitting to standing?
(select one)

- Can stand up from regular chair without arms
- Must use arms to stand up from chair
- Unable to stand up

12. Regarding your knee, what is your ability to walk?

- Unlimited
- >10 Blocks
- 5-10 Blocks
- < 5 Blocks
- Housebound
- Unable to Walk

14. Rate your pain while at rest:

- No Pain
- Mild
- Moderate
- Severe

11. What kind of support do you need when walking?

- None
- One Cane
- One Crutch
- Two canes
- Two crutches or Walker

13. Rate your pain while walking:

- No Pain
- Mild
- Moderate
- Severe

IF YOU HAVE NOT YET HAD SURGERY, PLEASE COMPLETE:

15. What activities are there that you cannot do now,
but hope to be able to do after surgery?

IF THIS IS A FOLLOW-UP VISIT, PLEASE COMPLETE THE FOLLOWING:

16. How much has your knee pain changed as a result of your knee surgery?

- Improved a lot
- Improved a little
- No change
- Became a little worse
- Became a lot worse

17. To what extent have you resumed your usual activities following your knee replacement?

- A lot
- Moderately
- Somewhat
- A little
- Not at all

18. In general, how would you rate the outcome of your knee surgery?

- Excellent
- Very good
- Good
- Fair
- Poor

19. Please rate the degree to which the pain in your surgical joint has been relieved.

- Completely
- Mostly
- Somewhat
- Not at all

20. What is your opinion of the results of your joint surgery?

- Excellent
- Good
- Fair
- Poor

21. Knowing what you know now, would you have your joint replaced again?

- Yes
- No

Notes: