

Knee Questionnaire

For PN/RE/Discharge

PAIN SCALE

If you have pain, what is your pain level? 0 = No Pain; 10 = Extreme Pain

Please circle number for each:

CURRENT Pain Level:

0 1 2 3 4 5 6 7 8 9 10

Pain level at BEST:

0 1 2 3 4 5 6 7 8 9 10

Pain level at WORST:

0 1 2 3 4 5 6 7 8 9 10

FOTO

IF YOU HAVE MEDICARE, PLEASE ANSWER THESE 10 QUESTIONS. IF YOU DO NOT HAVE MEDICARE, PLEASE GO TO THE NEXT PAGE.

We are interested in how you feel about how well you are able to do your usual activities. This information will help us take better care of you. Please circle the number based on the problem for which you are receiving treatment. If you do not do or have not done this activity, please make your best guess as to which response is most accurate.

	NO DIFFICULTY	A LITTLE BIT OF DIFFICULTY	MODERATE DIFFICULTY	QUITE A BIT OF DIFFICULTY	EXTREME DIFFICULTY OR UNABLE	
1. Any of your usual work, housework, or school activities?	5	4	3	2	1	
2. Getting into or out of bath?	5	4	3	2	1	
3. Walking between rooms?	5	4	3	2	1	
4. Squatting?	5	4	3	2	1	
5. Lifting an object, like a bag of groceries from the floor?	5	4	3	2	1	
6. Performing light activities around your home?	5	4	3	2	1	
7. Walking 2 blocks?	5	4	3	2	1	
8. Going up or down 10 stairs (about 1 flight of stairs)	5	4	3	2	1	
9. Standing for 1 hour?	5	4	3	2	1	
10. Running on uneven ground?	5	4	3	2	1	
						Total

THE LOWER EXTREMITY FUNCTIONAL SCALE

ALL PATIENTS PLEASE ANSWER THESE QUESTIONS

We are interested in whether you are having any difficulty at all with the activities listed below **because of your lower limb problem** for which you are currently seeking attention. Please provide an answer for each activity.

	EXTREME DIFFICULTY OR UNABLE TO PERFORM	QUITE A BIT OF DIFFICULTY	MODERATE DIFFICULTY	A LITTLE BIT OF DIFFICULTY	NO DIFFICULTY	
11. Any of your usual work, housework, or school activities.	0	1	2	3	4	
12. Your usual hobbies, recreational or sporting activities.	0	1	2	3	4	
13. Getting into or out of the bath.	0	1	2	3	4	
14. Walking between rooms.	0	1	2	3	4	
15. Putting on your shoes or socks.	0	1	2	3	4	
16. Squatting.	0	1	2	3	4	
17. Lifting an object, like a bag of groceries from the floor.	0	1	2	3	4	
18. Performing light activities around your home.	0	1	2	3	4	
19. Performing heavy activities around your home.	0	1	2	3	4	
20. Getting into or out of a car.	0	1	2	3	4	
21. Walking 2 blocks.	0	1	2	3	4	
22. Walking a mile.	0	1	2	3	4	
23. Going up or down 10 stairs (about 1 flight of stairs).	0	1	2	3	4	
24. Standing for 1 hour.	0	1	2	3	4	
25. Sitting for 1 hour.	0	1	2	3	4	
26. Running on even ground.	0	1	2	3	4	
27. Running on uneven ground.	0	1	2	3	4	
28. Making sharp turns while running fast.	0	1	2	3	4	
29. Hopping.	0	1	2	3	4	
30. Rolling over in bed.	0	1	2	3	4	
						Total