



KNEE PAIN QUESTIONNAIRE

PLEASE READ: This questionnaire is designed to enable us to understand how much your low back pain has affected your ability to manage your everyday activities. Please answer each section by circling the **ONE CHOICE** that most applies to you. We realize that you may feel that more than one statement may relate to you, but **PLEASE JUST CIRCLE THE ONE CHOICE WHICH MOST CLOSELY DESCRIBES YOUR PROBLEM RIGHT NOW.**

<p><u>SECTION 1 - Pain Intensity</u></p> <p>A I have no pain at the moment. B The pain is intermittent or mild and does not limit my activity. C The pain is intermittent but limits my activity. . D The pain is constant and moderately limits my activity. E The pain is constant and severely limits my activity. F The pain is constant and I am unable to do anything.</p>	<p><u>SECTION 6 - Work</u></p> <p>A I can do as much work as I want to without pain. B I can do my usual work, but it increases my pain. C I can do most, but not all, of my usual work because of my pain. D I can do about half of my usual work because of pain. E I can only do minimal work because of my pain. F I can't do any work at all because of my pain.</p>
<p><u>SECTION 2 – Climbing Stairs</u></p> <p>A I am able to go up & down stairs normally. B I am able to go up & down stairs step over step if I go slowly. C I am able to go up & down stairs step over step but only a limited number at a time. D I am able to go up & downstairs but only one at a time. E I am able to go up & down a limited number of stairs and only one at a time. F I am unable to use stairs.</p>	<p><u>SECTION 7 – Walking/Weight Bearing Tolerance</u></p> <p>A I can walk normally without assistive devices. B I can walk without assistive devices, but only for 31-60 minutes. C I can walk without assistive devices, but only for 30 minutes or less. D I can walk as far as I need but I must use assistive devices. E I must use assistive devices and can bear only partial weight on my injured knee. F I must use assistive devices and can bear minimal to no weight on my injured knee.</p>
<p><u>SECTION 3 – Standing</u></p> <p>A I can stand as long as I want to. B I am able to stand for over 60 minutes pain increases. C I am able to stand 31-60 minutes before pain increases. D I am able to stand 11-30 minutes before pain increases. E I am only able to stand for very short periods: 10 minutes or less. F I am unable to stand for any length of time.</p>	<p><u>SECTION 8 -Driving</u></p> <p>A I can drive my car as long as I want. B I can drive my car as long as I want, but it increases my pain C I can drive my car 31-60 minutes before my pain gets worse. D I can drive my car 11-30 minutes before my pain gets worse. E I can drive my car for only 10 minutes or less before my pain gets worse. F I am unable to drive my car because of pain</p>
<p><u>SECTION 4- Swelling</u></p> <p>A I have no swelling with my highest level of activity. B I have minimal swelling only after my highest level of activity. C I have no swelling with normal daily activity. D I have minimal swelling after simple activity. E I have almost constant swelling but it can be controlled by medication, rest, ice, compression, elevation. F I have constant swelling without relief.</p>	<p><u>SECTION 9– Sleeping</u></p> <p>A I have no trouble sleeping. B My sleep is slightly disturbed. (It wakes me up 1 time/night) C My sleep is mildly disturbed (It wakes me up 2 times/night) D My sleep is moderately disturbed (It wakes up 3-4 times/night) E My sleep is greatly disturbed. (It wakes me up 5-6 times/night) F My sleep is completely disturbed (It wakes me up 7-8 times/night)</p>
<p><u>SECTION 5- House & Yard Work</u></p> <p>A I have no limitations with house or yard work. B I am able to do all house & yard work necessary if I take a few breaks. C I am able to do all house & yard work necessary, but it increases my pain. D I am able to do some, but not all, house & yard work; it increases my pain. E I am able to do only the minimum of house & yard work because of my pain. F I am unable to do any house & yard work because of my pain.</p>	<p><u>SECTION 10 -Recreation/Sports</u></p> <p>A I am able to engage in all my recreation/sport activities. B I am able to engage in all my recreation/sports activities with some pain. C I am able to engage in most, but not all of my usual recreation/sport activities because of my pain. D I am able to engage in a few of my usual recreation/sports activities because of my pain. E I can hardly do any recreation/sports activities because of my pain. F I am unable to do any recreation/sports activities because of pain.</p>

SIGNATURE: _____ DATE: _____ SCORE: _____