

Questionnaire for Patients with Knee Arthritis

- Medicare
 AH/LM
 Methodist

Patient Name: _____ Date of Evaluation: _____

I am _____ years old; male or female; _____ ft. _____ in. tall; and weigh _____ lbs.; (_____ BMI)

My worst knee(s) is/are right, left, or both.

My knee has hurt and poorly functioned for _____ years _____ months.

I tried the following treatments (check the box):

- I lost _____ pounds.
- I used Motrin, Aleve, anti-inflammatory medicines for _____ months.
- I can't take anti-inflammatory medicines because of my stomach.
- I use a blood thinner because of my heart, blood clots in legs, or blood clots lungs (circle)
- I have difficulty walking, bathing, showering, dressing, shopping, cleaning, cooking (ADLs).
- I tried or completed 12 exercise sessions of stretching or conditioning.
- I tried or completed 12 physical therapy visits.
- I had shots in my knee. I used a brace for _____ months.
- I used a cane, crutches, or walker for _____ months.
- I had arthroscopic surgery on my knee. I had multiple operations on my knee.
- I am bringing a CD of x-rays of my knees with me standing taken on _____.
- I am bringing a CD of an MRI of my knee taken on _____.

Surgical Knee: Left or Right

Date of Surgery: _____

Patient-Reported iPad Data	PREOP (Left/Right)	POSTOP 6 Weeks (Left/Right)	POSTOP ____mo (Left/Right)	POSTOP ____mo (Left/Right)	POSTOP ____mo (Left/Right)
Date of Visit (stamp)					
Physical SF-12					
Mental SF-12					
Oxford Score (48 best, 0 worst)	/	/	/	/	/
KSS (100 best, 0 worst)	/	/	/	/	/
Knee Function (100 best, 0 worst)					
Extension	/	/	/	/	/
Flexion	/	/	/	/	/
Varus Deformity	/	/	/	/	/
Valgus Deformity	/	/	/	/	/
KOOS (100 best, 0 worst)					
Forgotten Joint Score (100 best, 0 worst)	N/A				
ESR (post-op)		<input type="checkbox"/> NL <input type="checkbox"/> High	<input type="checkbox"/> NL <input type="checkbox"/> High	<input type="checkbox"/> NL <input type="checkbox"/> High	<input type="checkbox"/> NL <input type="checkbox"/> High
CRP (post-op)		<input type="checkbox"/> NL <input type="checkbox"/> High	<input type="checkbox"/> NL <input type="checkbox"/> High	<input type="checkbox"/> NL <input type="checkbox"/> High	<input type="checkbox"/> NL <input type="checkbox"/> High
Leucocyte Esterase Color @ 1 min.		<input type="checkbox"/> neg <input type="checkbox"/> tr / <input type="checkbox"/> + <input type="checkbox"/> ++	<input type="checkbox"/> neg <input type="checkbox"/> tr / <input type="checkbox"/> + <input type="checkbox"/> ++	<input type="checkbox"/> neg <input type="checkbox"/> tr / <input type="checkbox"/> + <input type="checkbox"/> ++	<input type="checkbox"/> neg <input type="checkbox"/> tr / <input type="checkbox"/> + <input type="checkbox"/> ++