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TELL ME ABOUT YOUR KNEE PROBLEMS: *(please complete both sides!)*

Name _____ Date of birth: _____ Date: _____

E-mail: _____ Affected Side: R or L or Both (circle one)

(Note: please answer for each knee separately if both sides are affected)

1. **How would you characterize the onset of your knee pain?**
R L Sudden
R L Gradual
R L Unknown
2. **What has the pattern of your knee problem been?**
R L Getting worse as time passes
R L Getting better as time passes
R L Staying about the same
R L Swings between good and bad days
3. **About how long has your knee bothered you?**
R _____ years _____ months _____ days
_____ exact date of onset (if known)
L _____ years _____ months _____ days
_____ exact date of onset (if known)
4. **Where exactly is your knee pain located?**
R L I only feel stiffness (note where)
R L Entire knee
R L Front of knee
R L Back of knee
R L Medial knee (inside, near other knee)
R L Lateral knee (away from other knee)
R L Under knee cap
R L Below knee cap
R L Above knee cap
R L Calf
R L Down the entire leg
R Other: _____
L Other: _____
5. **Rate your knee pain 6 months ago.**
R none=0 1 2 3 4 5 6 7 8 9 10=severe
L none=0 1 2 3 4 5 6 7 8 9 10=severe
6. **Rate your average knee pain over the last week.**
R none=0 1 2 3 4 5 6 7 8 9 10=severe
L none=0 1 2 3 4 5 6 7 8 9 10=severe
7. **What best describes your knee pain/problem**
R L Aching
R L Sharp
R L Throbbing
R L Burning
R L Tingling
R L Unpredictable
R L Constant
R Other: _____
L Other: _____
8. **What aggravates your knee pain?**
R L Nothing
R L Sitting
R L Twisting
R L Getting out of a chair
R L Getting in and out of a car
R L Riding in a car
R L Prolonged walking
R L Running
R L Prolonged standing
R L Climbing stairs
R L Descending stairs
R L Change in weather patterns
R Other: _____
L Other: _____
9. **What relieves your knee pain?**
R L Nothing
R L Heat
R L Ice
R L Modification of activity
R L Lying down
R L Sitting
R L Walking assist device
R L Knee brace / sleeve (circle one)
R L Exercise
R L Standing
R L Walking
R L Topical Ointments (i.e. Bengay)
R L Lidoderm Patch
R L Medication
R Other: _____
L Other: _____

10. What are other associated issues related to your knee pain?

- R L Keeps me from sleeping at night
- R L Frequently awakes me from sleep
- R L Stiffness
- R L Swelling
- R L Catching
- R L Locking
- R L Giving away
- R L It has caused me to fall
- R L Limping
- R L Grinding
- R L Decreased range of motion
- R L Swelling in the leg
- R L Difficulty shopping
- R L Difficulty doing housework
- R L Difficulty with sports
- R L Difficulty walking a distance

11. About how far can you walk at one time?

_____ Miles/ Blocks/ Feet

12. What initially brought on your knee pain?

- R L Not sure
- R L Trauma
- R Other: _____
- L Other: _____

13. What previous diagnostic tests have you had on your knees?

- R L None
- R L Plain radiographs
- R L MRI
- R L CT
- R L Bone Scan

14. Note if any of the following have evaluated or treated your back or lower extremities.

- R L Orthopedic surgeon
- Neurosurgeon
- Neurologist
- Rheumatologist
- Chiropractor
- Pain management
- Other: _____

15. Have you had back surgery?

Yes No

16. Have you had physical therapy for your knee?

Yes (if yes, when?) No

R _____

L _____

17. Have you had any previous surgeries on your knee?

Yes No

(if yes, list the surgeries for each and when they were done)

R _____

L _____

18. Which assistive device do you use?

- None
- Cane
- Crutch
- Walker
- Wheelchair
- Shopping basket
- Motorized scooter

19. What medications have you taken?

(mark a P for those used in PAST)

(mark a C for those used CURRENTLY)

___ None

___ Tylenol

___ Aspirin

___ Ibuprofen/Motrin/ Advil

___ Aleve/Naprosyn/ Naproxyn

___ Mobic/Meloxicam

___ Celebrex

___ Other NSAID: _____

___ Ultram/Tramadol/Ultracet

___ Narcotic: _____

___ Glucosamine / Chondroitin

___ Cortisone injection R L

___ Hyaluronic acid injection R L

___ Other: _____

20. How would you characterize your knee problem?

R L An inconvenience

R L More than an inconvenience

R L Disabling