EDWIN P. SU, MD The Hospital for Special Surgery Knee Questionnaire

Name:				Today's Date					
Involved knee:	R		L	Both					
Pain:	Y		N	Location of	pain (circle on	diagra	am)	
(at re	patellar tendon			patella (knee ca lateral collateral ligaments— lateral— meniscus		right knee		rticular artilage medial meniscus medial collateral ligaments	
Duration of pain:	Mont	hs	/\	/ears		-			
Night pain:	Yes	No		Swelling:		Yes	No		
Giving way:	Yes	No		Clicking:		Yes	No		
Locking/catching	Yes	No		Hip/Back pa	in	Yes	No		
Pain increased by: S	Squatting	<u></u>	Kneeling	Sitting _	S	tairs	Sudd	en turns	
Activities which increase pain:									
Anti-inflammatory medications helpful?				Y	N	Not tr	ied		
Injections helpful?				Y	N	Not tr	ied		
Physical therapy helpful?				Y	N	Not tr	Not tried		
Previous knee pain/	injury:								
Previous surgery:	Yes	No	When?) 					
Name of operating	surgeon	and ho	ospital?						