

Δρ. Χρήστος Κ. Γιαννακόπουλος

Ορθοπαιδικός Χειρουργός, Διδάκτωρ Πανεπιστημίου Αθηνών

Knee Pain Form



Πύργος Αθηνών, Κτίριο Γ΄, 2^{ος} όροφος, Λεωφ. Μεσογείων 2–4, Αθήνα 115 27 Τηλ.: 210 7712792 | Κινητό: 697 20 999 11 | E-mail: cky@orthosurgery.gr

RIGHT	LEFT		
Which knee hurts?	\Box Right only \Box Left only \Box R=L \Box R more than L		
	□L more than F	□L more than R	
When did the problem start?			
Did you have an injury?	□Yes □No	□Yes □No	
If yes, what injury did you have?			
How bad is the Pain	None 0 12 3 4 5 6 7 8 9 10	None 0 12 3 4 5 6 7 8 9 10	
	Worst Possible	Worst Possible	
What does the pain feel like?	□ Dull □Sharp □Burning	□ Dull □Sharp □Burning	
Where is the pain?	□ Front □ Inner side □ outer	□ Front □ Inner side □ outer	
	side □ Back	side □ Back	
Is the pain?	□ Constant □Intermittent	□ Constant □Intermittent	
Is the pain?	□Improving □Worsening	□Improving □Worsening	
	□Unchanged	□Unchanged	
What makes it worse?	□Movement □Keeping Still	□Movement □Keeping Still	
Is there any?	□ Swelling □ Buckling	□ Swelling □ Buckling	
	□Popping □ Stiffness □	□Popping □ Stiffness □	
	Grinding	Grinding	
Has your knee cap ever	□Yes □No	□Yes □No	
dislocated? How many times?			
Does your knee feel	□Yes □No	□Yes □No	
unstable?			
What treatments have you	□None (rest)	□None (rest)	
tried?	□medications	□medications	
	(Type:)	(Type:)	
	□Injections (how many?)	□Injections (how many?)	
	□Physical Therapy	□Physical Therapy	
	□Surgery	□Surgery	
	(Type:)	(Type:)	
How would you rate your knee prior to this onset of pain?	□ Normal	□ Normal	
	□ Abnormal	□ Abnormal	
Did you hurt yourself at	□Yes □No	□Yes □No	
work?			
Are you involved in litigation?	□Yes □No	□Yes □No	