



Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Knee Intake Survey**

**1. In general, would you say your health is:**

Excellent                  Very Good                  Good                  Fair                  Poor

**2. How much difficulty do you have getting in/out of the bathtub?**

Unable to perform      A lot                          Some                  A little                  None

**3. How much difficulty do you have getting in/out of a chair?**

Unable to perform      A lot                          Some                  A little                  None

**4. How much difficulty do you have standing for >30 minutes?**

Unable to perform      A lot                          Some                  A little                  None

**5. How much difficulty do you have walking for >30 minutes?**

Unable to perform      A lot                          Some                  A little                  None

**6. How much difficulty do you have squatting?**

Unable to perform      A lot                          Some                  A little                  None

**7. How much difficulty do you have going up and down stairs?**

Unable to perform      A lot                          Some                  A little                  None

**8. How much difficulty do you have jogging?**

Unable to perform      A lot                          Some                  A little                  None

**9. Please indicate your pain range within the last week giving a score for the lowest and highest on the scale below.**

No pain 0      1      2      3      4      5      6      7      8      9      10 Worst pain ever