

Summary

How long have you been experiencing knee pain?

Have you been diagnosed with osteoarthritis of the knee(s)?

How would you describe your level of knee pain?

How satisfied are you with your ability to exercise?

How would you rate your level of knee pain during the following activities?

1 to 5 (1 = low, 5 = high)

Activity:

Sitting:

Standing:

Walking:

Going up and down stairs:

At night resting in bed:

Which osteoarthritis treatments have you tried?

What are the most important activities you'd like to get back to:

Include any other notes or questions you'd like to include on your report:
