

Questions To Answer

During your initial appointment there is a lot of information to share in a relatively short amount of time. This form is intended for patients to print out and complete prior to their appointment. This may give the patient more time to think about their condition, which may result in a more effective initial evaluation.

Name: _____

1. What is the reason for your visit?

2. In general, would you say your health is

_____ Excellent _____ Very Good _____ Good _____ Fair _____ Poor

3. How much pain have you had during the past month?

_____ None _____ Slight _____ Moderate _____ Extreme

4. List the medical problem(s) which led you to seek medical help *now*, and when each problem began.

5. What makes the problem worse?

6. What makes the problem better?

7. How have you tried to treat your condition?

8. List any medicines you've taken for the problem.

9. Where does it hurt? (circle side)

- ☐ Knee L R
☐ Both Knees
☐ Hip L R
☐ Both Hips
☐ Elbow L R
☐ Both Elbows
☐ Shoulder L R
☐ Both Shoulders
☐ Hand/Wrist L R
☐ Foot/Ankle L R
☐ Lower Back
☐ Upper Back
☐ Other _____

10. How often does your joint hurt?

- ☐ Everyday
☐ Several days a week
☐ One day a week
☐ Less than one day a week

11. When did it begin to hurt?

- ☐ Less than two weeks
☐ Less than one month
☐ Less than one year
☐ Less than five years
☐ More than five years

12. Please check all complaints present

- ☐ Swelling
☐ Popping noise or grinding
☐ Catching or locking
☐ Giving way or buckling
☐ Limping
☐ Use of cane or crutches
☐ Pain with standing or walking
☐ Night pain
☐ Morning pain or stiffness
☐ Pain with squatting or kneeling

13. The following items are about activities you might do during a typical day. Does your current problem limit you in these activities? If so, how much?

	Yes, Limited A lot	Yes, Limited A Little	No, Not Limited At All
? Running, lifting heavy objects, participating in strenuous sports	_____	_____	_____
? Moving a table, pushing a vacuum cleaner, bowling or playing golf	_____	_____	_____
? Lifting or carrying a full bag of groceries (8 to 10 pounds)	_____	_____	_____
? Descending stairs	_____	_____	_____
? Climbing stairs	_____	_____	_____
? Climbing several flights of stairs	_____	_____	_____
? Bending, kneeling or stooping	_____	_____	_____
? Twisting motions	_____	_____	_____
? Cutting toe nails	_____	_____	_____
? Walking more than a mile	_____	_____	_____
? Walking several blocks	_____	_____	_____
? Walking one block	_____	_____	_____
? Bathing or dressing yourself (i.e., putting on shoes, socks)	_____	_____	_____
? Getting in and out of the car	_____	_____	_____
? Bending down to pick up something you dropped on the ground	_____	_____	_____
? Routine household chores	_____	_____	_____

14. During the past month, what's been your main form of activity?

- ☐ Paid work (list type) _____
- ☐ Housework
- ☐ Schoolwork
- ☐ Unemployed
- ☐ Disabled due to your joint
- ☐ Disabled secondary to other causes
- ☐ Retired

15. During the past month how much did pain interfere with your normal activity (including both work outside the home and housework)

- ☐ Not at all
- ☐ A little bit
- ☐ Moderately
- ☐ Quite a bit
- ☐ Extremely

16. During the past month how often have you had severe pain in your joint?

- ☐ Everyday
- ☐ Several days a week
- ☐ One day a week
- ☐ Less than one day a week
- ☐ Never

17. During the past month, how would you describe the typical pain in your sore joint at rest?

- ☐ Very Severe
- ☐ Severe
- ☐ Moderate
- ☐ Mild
- ☐ None

18. Do you experience any joint pain when you are walking? (check one)

- ☐ None—Or you ignore it
- ☐ Mild—Occasional or intermittent
- ☐ Mild—Stairs only
- ☐ Mild—Stairs and level walking
- ☐ Moderate—Pain comes and goes
- ☐ Moderate—Pain each day
- ☐ Severe—Constant, disabling pain
- ☐ I am confined to a wheelchair

19. During the past month how far could you walk comfortably without feeling any soreness or pain in your joint?

- ☐ I can walk unlimited distances
- ☐ I can walk more than 10 blocks
- ☐ I can walk 5-10 blocks
- ☐ I can walk less than 5 blocks

20. Do you need support when walking?

- ☐ I walk without any support
- ☐ I use one cane when I go on a long walk
- ☐ I use one cane most of the time
- ☐ I use two canes
- ☐ I use one crutch
- ☐ I use two crutches
- ☐ I use a walker
- ☐ I am unable to walk

21. Do you need assistance in getting out of bed?

- ☐ I can get out of bed on my own
- ☐ I need the assistance of a walker, night stand, or another person

22. During the past month, how often did the pain in your joint make it difficult for you to sleep at night?

- ☐ Everyday
- ☐ Several days a week
- ☐ One day a week
- ☐ Less than one day a week
- ☐ Never

23. How do you go up and down stairs? (check one)

- ☐ Normally (one foot on each step)
- ☐ Normally but require use of the rail when going down
- ☐ Normally but require use of the rail when going up
- ☐ I require use of the rail while going up and down
- ☐ I can go up the stairs by using the rail but I am unable to go down
- ☐ I am unable to go up and down stairs

24. Considering all the ways you use your joint during recreational or athletic activities (i.e. cycling, walking, hiking, golf, aerobics, etc.) how would you describe the function of your joint?

- ☐ Very severe limitation; unable to use
- ☐ Severe limitation
- ☐ Moderate limitation
- ☐ Mild difficulty
- ☐ No difficulty