# London Knee Clinic Patient Questionnaire

**LONDON KNEE CLINIC, HCA Healthcare UK Out-Patients & Diagnostics Centre**
**The Shard, St Thomas Street, London, SE1 9BS**
Tel: 0207 4073069 Fax: 0207 407 3138
Website www.londonkneeclinic.com
Email: info@londonkneeclinic.com

**Please complete all details on this page and answer as many questions on the following pages as possible.**

**Name:**

**Date of Birth:**

**OCCUPATION:**

**HEIGHT:**
**WEIGHT:**

1. **WHICH IS YOUR PROBLEM KNEE?**

| | |
|---|---|
| Left | ☐ |
| Right | ☐ |
| Both equally bad | ☐ |
| Both bad, left worse | ☐ |
| Both bad, right worse | ☐ |

**SYMPTOMS**

**WHEN DID YOUR PRESENT PROBLEMS START?**

2. **LEFT KNEE APPROXIMATE DATE**

3. **RIGHT KNEE APPROXIMATE DATE**

---

4. **HOW DID YOUR PROBLEM START?**

| L | | R |
|---|---|---|
| ☐ | Spontaneously | ☐ |
| ☐ | Following a minor injury | ☐ |
| ☐ | Following a major injury | ☐ |

5. **BRIEFLY DESCRIBE WHAT HAPPENED:**

---

6. **IF INJURY HAS OCCURRED WHAT WAS THE MECHANISM?**

| L | | R |
|---|---|---|
| ☐ | Not applicable | ☐ |
| ☐ | Direct blow | ☐ |
| ☐ | Dashboard injury | ☐ |
| ☐ | Knees going inwards (valgus) | ☐ |
| ☐ | Knees separating (varus) | ☐ |
| ☐ | Twisting injury | ☐ |
| ☐ | Knee going backwards (hyperextension) | ☐ |
| ☐ | Knees going inwards (valgus) | ☐ |
| ☐ | Knees separating (varus) | ☐ |

7. **WHICH OF THE FOLLOWING ARE YOUR MAIN SYMPTOMS?**
*Please mark the most severe symptom with a double tick.*

| L | | R |
|---|---|---|
| ☐☐ | Pain/Aching/Discomfort | ☐☐ |
| ☐☐ | Swelling | ☐☐ |
| ☐☐ | Collapsing/Giving way | ☐☐ |
| ☐☐ | Locking/Sticking/Catching | ☐☐ |
| ☐☐ | Clunking/Clicking/Snapping | ☐☐ |
| ☐☐ | Noises/Grating | ☐☐ |
| ☐☐ | Stiffness | ☐☐ |
| ☐☐ | Limitation of motion | ☐☐ |
| ☐☐ | Presence of Lump/Bump | ☐☐ |

---

8. **IF COMPLAINING OF PAIN/ ACHING/ DISCOMFORT**
*Please mark the most severe symptom with a double tick.*

| L | | R |
|---|---|---|
| ☐☐ | Discomfort only | ☐☐ |
| ☐☐ | Ache or dull pain | ☐☐ |
| ☐☐ | Sharp pain | ☐☐ |
| ☐☐ | Burning sensation | ☐☐ |

| L | SEVERITY | R |
|---|---|---|
| ☐ | 1 only just perceptible | ☐ |
| ☐ | 2 | ☐ |
| ☐ | 3 | ☐ |
| ☐ | 4 | ☐ |
| ☐ | 5 really quite severe | ☐ |
| ☐ | 6 | ☐ |
| ☐ | 7 | ☐ |
| ☐ | 8 | ☐ |
| ☐ | 9 | ☐ |
| ☐ | 10 maximum imaginable | ☐ |

| L | RELATION TO ACTIVITY | R |
|---|---|---|
| ☐ | Not applicable | ☐ |
| ☐ | No change | ☐ |
| ☐ | Slight during severe activity | ☐ |
| ☐ | Marked during severe activity | ☐ |
| ☐ | Marked after walking long distances – more than 2K | ☐ |
| ☐ | Marked after walking short distances - less than 2K | ☐ |
| ☐ | At rest /night pain | ☐ |

| L | SITE | R |
|---|---|---|
| ☐ | Above the kneecap | ☐ |
| ☐ | Below the kneecap | ☐ |
| ☐ | Behind the kneecap | ☐ |
| ☐ | Inner side of the knee | ☐ |
| ☐ | Back of the knee | ☐ |
| ☐ | Around whole knee | ☐ |
| ☐ | In front of knee | ☐ |
| ☐ | Outer side of knee | ☐ |
| ☐ | In bone below knee | ☐ |
| ☐ | Difficult to localise | ☐ |

| L | RELIEVING FACTORS | R |
|---|---|---|
| ☐ | Rest or inactivity | ☐ |
| ☐ | Pills or injections | ☐ |
| ☐ | Physiotherapy | ☐ |
| ☐ | Bandaging or splinting | ☐ |
| ☐ | Stick or crutches | ☐ |
| ☐ | Nothing | ☐ |

| L | OTHER AGGRAVATING FACTORS | R |
|---|---|---|
| ☐ | Rest | ☐ |
| ☐ | Sitting | ☐ |
| ☐ | Getting up from sitting | ☐ |
| ☐ | Squatting | ☐ |
| ☐ | Kneeling | ☐ |
| ☐ | Ascending stairs | ☐ |
| ☐ | Descending stairs | ☐ |
| ☐ | Driving | ☐ |
| ☐ | Twisting or turning | ☐ |
| ☐ | Weight-bearing (e.g. standing or walking) | ☐ |
| ☐ | None of the above | ☐ |

9. **DOES SWELLING OCCUR?**

| L | | R |
|---|---|---|
| ☐ | Please state severity /describe | ☐ |

10. **IF COLLAPSING/ INSTABILITY/ GIVING WAY OCCURS**

| L | Severity | R |
|---|---|---|
| ☐ | Feeling of instability but not giving way | ☐ |
| ☐ | Giving way but not collapsing | ☐ |
| ☐ | Complete collapse | ☐ |

11. **IF LOCKING/ STICKING/ CATCHING OCCURS**

| L | Description | R |
|---|---|---|
| ☐ | Catching but no true locking | ☐ |
| ☐ | Locking not requiring help | ☐ |
| ☐ | Locking needing help to unlock | ☐ |
| ☐ | Locked now | ☐ |

---

12. **IF CLICKING/ GRATING/ SNAPPING OCCURS**

| L | Description | R |
|---|---|---|
| ☐ | Grating or grinding | ☐ |
| ☐ | Clicking | ☐ |
| ☐ | Snapping | ☐ |
| ☐ | Clunking | ☐ |

**13. IF LIMITATION OF MOVEMENT OCCURS**

| L | Description | R |
|---|---|---|
| ☐ | Loss of flexion only | ☐ |
| ☐ | Loss of extension only | ☐ |
| ☐ | Loss of flexion & extension | ☐ |

---

**14. IF STIFFNESS OCCURS**

| L | Description | R |
|---|---|---|
| ☐ | Morning stiffness | ☐ |
| ☐ | Positional or rest stiffness | ☐ |
| ☐ | General stiffness | ☐ |

---

15. **GENERAL FUNCTIONS**

**DO YOU WALK WITH A LIMP?**

| | |
|---|---|
| Never | ☐ |
| Slight or periodical | ☐ |
| Severe and constant | ☐ |

**DO YOU NEED SUPPORT IN WALKING?**

| | |
|---|---|
| Never | ☐ |
| Stick or crutch | ☐ |
| Weight bearing impossible | ☐ |

**HOW DO YOU MANAGE STAIRS?**

| | |
|---|---|
| No problem | ☐ |
| Slightly impaired | ☐ |
| One step at a time | ☐ |
| Impossible | ☐ |

**CAN YOU SQUAT?**

| | |
|---|---|
| No problem | ☐ |
| Slightly impaired | ☐ |
| Not beyond 90º | ☐ |
| Impossible | ☐ |

16. **ARE THERE ANY OTHER ACTIVITIES YOU HAVE HAD TO GIVE UP OR AVOID?**

17. **HOW WOULD YOU DESCRIBE YOUR MAXIMUM LEVEL OF PHYSICAL ACTIVITY BEFORE YOUR KNEE PROBLEM AND NOW?**

| | Before | Now |
|---|---|---|
| Competitive sport | ☐ | ☐ |
| Leisure sport | ☐ | ☐ |
| Active non-sport | ☐ | ☐ |
| Sedentary non-sport | ☐ | ☐ |

18. **DID YOU TAKE PART IN SPORT IMMEDIATELY BEFORE YOUR KNEE PROBLEM, AND DO YOU NOW?**

| | Before | Now |
|---|---|---|
| None | ☐ | ☐ |
| Soccer | ☐ | ☐ |
| Rugby | ☐ | ☐ |
| Hockey | ☐ | ☐ |
| Wrestling | ☐ | ☐ |
| Gymnastics | ☐ | ☐ |
| Squash / Tennis /Badminton | ☐ | ☐ |
| Athletics | ☐ | ☐ |
| Skiing | ☐ | ☐ |
| Motocross / speedway | ☐ | ☐ |
| Handball / basketball | ☐ | ☐ |
| Orienteering | ☐ | ☐ |
| Cricket | ☐ | ☐ |
| Cycling | ☐ | ☐ |
| Golf | ☐ | ☐ |
| Swimming | ☐ | ☐ |

19. **GENERAL MEDICAL HISTORY**

**GENERAL HEALTH**

| | |
|---|---|
| Excellent | ☐ |
| Good | ☐ |
| Reasonable | ☐ |
| Poor (see below) | ☐ |

**PREVIOUS MRI SCANS OF THE AFFECTED KNEE**

| | |
|---|---|
| None | ☐ |
| Yes (see below) | ☐ |

**TABLETS /MEDICATION**

| | |
|---|---|
| None | ☐ |
| Yes (see below) | ☐ |

**PAST ORTHOPAEDIC OPERATIONS**

| | |
|---|---|
| None | ☐ |
| Yes (see below) | ☐ |

**PREVIOUS X-RAYS OF THE AFFECTED KNEE**

| | |
|---|---|
| None | ☐ |
| Yes (see below) | ☐ |

**DO YOU SMOKE? IF SO HOW MANY CIGARETTES /DAY?**

None ☐
Number (see below) ☐

**HAVE YOU EVER HAD ANY SIGNIFICANT PROBLEMS WITH ANAESTHETICS?**

None ☐
Yes (see below) ☐

---

20. **DO YOU SUFFER WITH ALLERGIES, ASTHMA, DEPRESSION, DIABETES, EPILEPSY, HEART DISEASE, HIGH BLOOD PRESSURE?**

21. **WHAT TREATMENT HAVE YOU ALREADY RECEIVED?**

---

In order to be compliant with GDPR, we are required by law to ask patients if they authorise us to keep their details on our system.
If you do authorise us to do so, please could you reply by email to this effect or tick the box below.

☐

As required by the Data Protection Act. I authorise the clinic to submit claims relating to my/the patient's treatment to my insurance company on my behalf, including electronic claims where applicable.

☐ (Please tick if you disagree with the above)

---

22. **FINDINGS ON MRI SCANS AND X-RAYS (to be completed by Consultant)**

---

23. **GAIT ANALYSIS (to be completed by Consultant)**

24. **FINDINGS ON CLINICAL EXAMINATION (to be completed by Consultant)**