

Surgical Questionnaire (Knee) – Month 1 - 6

Name: _____

Date: _____

How much pain did you have at that time on a scale of **0** (No pain) to **10** (Worst pain ever):

Month 1	_____	Month 6	_____
Month 2	_____		
Month 3	_____		
Month 4	_____		
Month 5	_____		

How many **pills of narcotics** (vicodin, codeine, norco, etc) do you take per day:

Month 1	_____	Month 6	_____
Month 2	_____		
Month 3	_____		
Month 4	_____		
Month 5	_____		

Did you have pain that woke you up from sleep or at rest without moving (Yes/No):

	Night Pain	Rest Pain
Month 1	___ YES / ___ NO	___ YES / ___ NO
Month 2	___ YES / ___ NO	___ YES / ___ NO
Month 3	___ YES / ___ NO	___ YES / ___ NO
Month 4	___ YES / ___ NO	___ YES / ___ NO
Month 5	___ YES / ___ NO	___ YES / ___ NO
Month 6	___ YES / ___ NO	___ YES / ___ NO

When did you return to work: _____

Date of Discharge: _____

Please return or fax to Dr. Alan Hirahara at (916) 732-3023.

If you have any questions, please contact my assistant, Heather, at (916) 732-3017.

You may also return the form via email to hvincentsoc@hotmail.com

Surgical Questionnaire (Knee) – Month 9 - 24

Name: _____

Date: _____

How much pain did you have at that time on a scale of **0** (No pain) to **10** (Worst pain ever):

Month 9 _____
Month 12 _____
Month 18 _____
Month 24 _____

How many **pills of narcotics** (vicodin, codeine, norco, etc) do you take per day:

Month 9 _____
Month 12 _____
Month 18 _____
Month 24 _____

Did you have pain that woke you up from sleep or at rest without moving (Circle):

	Night Pain	Rest Pain
Month 9	___ YES / ___ NO	___ YES / ___ NO
Month 12	___ YES / ___ NO	___ YES / ___ NO
Month 18	___ YES / ___ NO	___ YES / ___ NO
Month 24	___ YES / ___ NO	___ YES / ___ NO

When did you return to work: _____

Date of Discharge: _____

Please return or fax to Dr. Alan Hirahara at (916) 732-3023.

If you have any questions, please contact my assistant, Heather, at (916) 732-3017.

You may also return the form via email to hvincentsoc@hotmail.com