

# Surgical Questionnaire (Knee) – Pre-Op

Name: \_\_\_\_\_ Date: \_\_\_\_\_

How would you like to be contacted regarding this study: \_\_\_ E-Mail/\_\_\_ Fax /\_\_\_ Mail

Please give us your Email or Fax: \_\_\_\_\_

How much pain did you have today on a scale of **0** (No pain) to **10** (Worst pain ever):  
Before surgery \_\_\_\_\_

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

Did you have pain that woke you up from sleep or at rest without moving:  
Night Pain Rest Pain  
Before surgery \_\_\_ YES / \_\_\_ NO \_\_\_ YES / \_\_\_ NO

## PT Evaluation:

	ROM	Strength
Forward Elevation:	_____	_____
Abduction:	_____	_____
External Rotation:	_____	_____

Notes: \_\_\_\_\_