

KNEE ARTHRITIS QUESTIONNAIRE

1. Do you have any of the following: diabetes, high blood pressure, high cholesterol, or heart disease? YES NO
2. Do you currently or have you ever smoked or used tobacco products? YES NO
3. Do you have chest pain or dizziness or shortness of breath when you walk or exercise? YES NO
4. Have you ever had a heart attack or heart failure or TIA/stroke? YES NO
5. Have you had stents placed in your heart or legs? YES NO
6. Have you had bypass surgery in your heart or legs? YES NO
7. Have you ever had a narrowing or blockage in your carotid artery? YES NO
8. Which knee has been diagnosed with osteoarthritis? LEFT RIGHT BOTH
9. If RIGHT knee pain, where is the pain? FRONT BACK INSIDE OUTSIDE
10. If LEFT knee pain, where does it hurt? FRONT BACK INSIDE. OUTSIDE
11. What prior treatments have you had for your knee pain and osteoarthritis?
12. What medications do you take specifically for your knee pain?
13. Have you had or are you undergoing physical therapy? YES NO
14. Have you been offered knee surgery (joint replacement surgery)? YES NO
15. Do you have a history of rheumatoid arthritis, osteonecrosis, local infection, prior knee surgery? YES NO
16. Do you have an Iodine/contrast allergy? YES NO