Adolescent Knee Pain Prognostic tool

These questions are about your knee pain.
Please answer each question, by ticking the box that applies to you, or writing in the space provided. If you are unsure about a question, try and answer as best you can.

1.	How old are you?	(_____)
2.	Are you a girl or a boy?	☐ Girl ☐ Boy
3.	Do you have pain in one knee or both knees?	☐ Only one knee (right knee) ☐ Only one knee (left knee) ☐ Both knees
4.	How long have you experienced your knee pain? If you have pain in both knees, you must answer regarding the knee where the pain has lasted the longest	☐ Less than 3 months ☐ 3– 6 months ☐ 6–12 months ☐ More than 12 months (how many years?_____)
5.	How did your pain start? If you have pain in both knees, you must answer regarding the knee where the pain has lasted the longest	☐ It came suddenly (e.g. when I got an injury) ☐ It came gradually (e.g. slowly over a longer period)
6.	How often do you experience knee pain? If you have pain in both knees, you must answer regarding the knee where the pain has lasted the longest	☐ Rarely ☐ Monthly ☐ Weekly ☐ More than once per week ☐ Almost daily
7.	Do you have pain elsewhere in the body that prevents you from participating in your normal activities (play in the school yard, sports and the like)? In this question pain is meant other than in the knee	☐ No ☐ Yes. Please indicate where (you can indicate more than one body site): ☐ Head ☐ Neck or back ☐ Shoulder ☐ Elbow ☐ Wrist or hand ☐ Lower leg ☐ Thigh area ☐ Pelvic area ☐ Ankle or foot ☐ Other (_____)
8.	Please tick one box that best describes how your knee pain affects the things you do on a normal day (eg, going to school, hobbies, sports, being with friends or family) If you have pain in both knees, you must answer regarding the knee where the pain has lasted the longest	☐ I have no problems doing my usual activities ☐ I have little problems doing my usual activities ☐ I have some problems doing my usual activities ☐ I have big problems doing my usual activities ☐ I cannot do my usual activities
9.	How do you agree with this statement "When I feel pain, I feel that my pain is terrible and it's never going to get any better"? Check the box that best describes how you feel today. Anxious / depressed corresponds to be sad (it's about how you feel, and not necessarily because of your pain)	☐ Not at all ☐ Little ☐ To some extent ☐ Very ☐ Very much ☐ I am not anxious or depressed ☐ I am little anxious or depressed ☐ I am to some extent anxious or depressed ☐ I am very anxious or depressed ☐ I am extremely anxious or depressed
10.	Does your mother or stepmother often feel pain in the body? (this can be in the head, back, shoulder or elsewhere) Does your father or stepfather often feel pain in the body? (this can be in the head, back, shoulder or elsewhere)	☐ No ☐ Yes ☐ No ☐ Yes
11.	How many times per week do you typically participate in sports (besides sports in school)? What kind of sport? (eg handball, soccer, swimming, running). You may want to write more than one sport.	☐ Never ☐ 1 time/week ☐ 2 times/week ☐ 3 times/week ☐ 4 times/week ☐ 5 times/week ☐ 6 times/week ☐ 7 times or more/week (_____)
12.	Have you smoked cigarettes in the past 4 weeks?	☐ No ☐ Yes
13.	How do you agree with this statement "I have trouble sleeping" (it doesn't necessarily have to be because of pain)	☐ Never ☐ Almost never ☐ Sometimes ☐ Often ☐ Almost always