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.	How long have you experienced your knee pain?	☐ Less than 3 months ☐ 3– 6 months ☐ 6–12 months ☐ More than 12 months
4.	How did your pain start?	☐ Occurred after an injury (eg hit my knee, suddenly hurt) ☐ It came slowly over a longer period
5.	How often do you experience knee pain?	☐ Rarely ☐ Monthly ☐ Weekly ☐ More than once per week ☐ Almost daily
6.	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): ☐ Neck or back ☐ Shoulder ☐ Elbow ☐ Wrist or hand ☐ Lower leg ☐ Thigh area ☐ Pelvic area ☐ Ankle or foot
7.	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 ☐ (_____)
8.	Does your mother or stepmother often feel pain in the body? Does your father or stepfather often feel pain in the body?	☐ No ☐ Yes ☐ No ☐ Yes
9.	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)	☐ 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
10.	Check the box that best describes how you feel today. Anxious / depressed corresponds to be sad When I feel pain, I feel that my pain is terrible and it's never going to get any better	☐ 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 ☐ Not at all ☐ Little ☐ Moderately ☐ Very ☐ Very much
11.	Have you smoked cigarettes in the past 4 weeks?	☐ No ☐ Yes
12.	I have trouble sleeping	☐ Never ☐ Almost never ☐ Sometimes ☐ Often ☐ Almost always