Phase 1

Information Form

Participant ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_ MMSE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_Test Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. DOB: \_\_\_\_\_\_
2. Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_Height:\_\_\_\_\_\_\_\_\_\_\_\_\_\_Weight:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. History of Injury to knee? Yes | No
   1. If Yes to #3, which knee? Left | Right
   2. Please describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Previous surgery to knee? Yes | No
   1. If Yes to #4, which knee? Left | Right
   2. Please describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Current pain level (0 = no pain, 10 = worst pain ever):

Right knee: 0 1 2 3 4 5 6 7 8 9 10

Left knee: 0 1 2 3 4 5 6 7 8 9 10