

Knee Symptom Tracker

Use this tracker to record your knee symptoms over time. Bringing it to your appointment can help guide conversations with your doctor.

Your Information

Name _____ Date _____

Which knee is affected? ☐ Left ☐ Right ☐ Both

Pain Level (0–10)

How much knee pain have you had in the past 24 hours?

(0 = no pain, 10 = worst pain imaginable)

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

When is the pain most noticeable?

☐ Morning ☐ During activity ☐ After activity ☐ At rest ☐ At night

Stiffness

Have you noticed knee stiffness?

☐ Yes ☐ No

If yes, when does stiffness usually occur?

☐ In the morning ☐ After sitting or resting ☐ At the end of the day

How long does the stiffness usually last?

☐ Less than 10 minutes ☐ 10–30 minutes ☐ More than 30 minutes

Swelling

Have you noticed swelling around your knee?

☐ Yes ☐ Mild ☐ Moderate ☐ Severe

If yes, does the swelling:

☐ Come and go ☐ Stay most of the day ☐ Get worse with activity

Activity Tolerance

How does your knee feel during everyday activities?

Mark any activities that are currently difficult or painful:

☐ Walking ☐ Standing for long periods ☐ Going up or down stairs
☐ Getting in or out of a chair ☐ Squatting or kneeling
☐ Exercise or sports ☐ Other

Compared with last month, my ability to stay active is:

☐ Better ☐ About the same ☐ Worse

Treatments and Self Care

Have you used any of the following recently?

☐ Pain relief tablets ☐ Exercise or physiotherapy ☐ Ice or heat
☐ Knee support or brace ☐ Injection treatment

If yes, did they help?

☐ Yes, a lot ☐ A little ☐ Not really

Notes or Changes to Mention to Your Doctor

Use this space to note anything new or different:

- Sudden changes in pain
- New swelling or instability
- Activities you can no longer do
- Questions you want to ask



Why use a symptom tracker?

Tracking symptoms over time can:

- Help identify patterns
- Support more productive conversations with your doctor
- Make it easier to assess how treatments are working