

Name _____

Date _____

Knee/Patello-Femoral Questionnaire

Check in the appropriate box: Do you have problems with your Right Knee Left Knee Both Knees

The following information is to be recorded at approximately the same time each day (preferably at bedtime). Put a check mark in the column that best describes the way you feel. Please use the following scale to indicate if today you have any problem or discomfort at all in your knee(s) with the activities listed in the table below.

If you do not know whether you can perform this task, please check the right column – unknown.

Activities	Can do without any problems	Can do but with problems	Unable to do	Unknown
1. Walking as far as a mile.				
2. Climbing up 2 flights of stairs (16 steps).				
3. Squatting.				
4. Kneeling.				
5. Sitting for prolonged periods with your knees bent in one position.				
6. Climbing up 4 flights of stairs (32 steps).				
7. Running a short distance, say 100 meters.				
8. Walking a short distance (about a city block).				
Column Totals				
	0	1	2	

Comments: _____

Patient Signature: _____

Total Points: _____ % Disability: _____ {Total score* 50/# of question w/ #}