

PATELLOFEMORAL FUNCTION SCALE

Patient Name _____

Date _____

Please read carefully:

Please place check mark in the column that best describes the way you feel. Mark only one answer to each question.

Do you have any problem or discomfort in your knee(s) at all with the following activities?

SYMPTOM	UNABLE TO DO	CAN DO WITH PROBLEM	NO PROBLEM	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 (a city block)				

COMMENTS: _____

EXAMINER: _____