

FUNCTIONAL KNEE DISABILITY QUESTIONNAIRE

Please answer each of the following questions with respect to your knee complaints:

1. Which knee is the one giving you pain or difficulty? Left Right

2. Would you rate your knee pain as:
 [1] Mild
 [2] Moderate
 [3] Severe
 [4] Disabling

3. Does your knee pain interfere with:
 [1] Recreation
 [2] Walking
 [3] Work
 [4] All activity

4. When does your knee “give out” on you?
 [1] Never
 [2] Walking
 [3] Down Stairs
 [4] Up stairs

5. Does your knee pain cause you to limp?
 [1] Never
 [2] Rarely
 [3] Frequently
 [4] Constantly

6. My pain seems to come from:
 [1] I have no pain
 [2] The front of my knee
 [3] The sides of my knee
 [4] All aspects of my knee

7. My knee pain lasts:
 [1] No pain
 [2] Several minutes
 [3] Several hours
 [4] My pain is constant

8. How far can you walk?
 [1] Unlimited
 [2] Over 1 mile
 [3] Less than 1 mile
 [4] Unable

9. How far can you run?
 [1] Unlimited
 [2] Over 1 mile
 [3] Less than 1 mile
 [4] Unable

10. When squatting it hurts
 [1] Never
 [2] Only in a deep squat
 [3] With repeated squats
 [4] Unable to squat

11. I have swelling:
 [1] Never
 [2] With strenuous exercise
 [3] With light exercise
 [4] Every evening