PATELLOFEMORAL PATIENT QUESTIONNAIRE

Patient name: _____   Hospital Number: _____
Evaluation date: _____   Side evaluated: R   L
Follow-up: _____yrs   _____months

---

1. Do you have pain in your knee?

   () Yes   () No

2. Do you have pain located in the front of your knee?

   Never 0 1 2 3 4 5 6 7 8 9 10 Always

3. How would you describe the severity of this pain?

   Mild 0 1 2 3 4 5 6 7 8 9 10 Severe

4. Do you have any knee pain at night that wakes you?

   Never 0 1 2 3 4 5 6 7 8 9 10 Always

5. How would you describe the severity of this pain?

   Mild 0 1 2 3 4 5 6 7 8 9 10 Severe

6. Do you have any knee pain at rest?

   Never 0 1 2 3 4 5 6 7 8 9 10 Always

7. How would you describe the severity of this pain?

   Mild 0 1 2 3 4 5 6 7 8 9 10 Severe

8. Do you have pain when you move your knee?

   Never 0 1 2 3 4 5 6 7 8 9 10 Always

9. How would you describe the severity of this pain?

   Mild 0 1 2 3 4 5 6 7 8 9 10 Severe

10. Do you have pain when you put weight on your knee?

    Never 0 1 2 3 4 5 6 7 8 9 10 Always

11. How would you describe the severity of this pain?

    Mild 0 1 2 3 4 5 6 7 8 9 10 Severe

12. Does your knee restrict your activity?

    Never 0 1 2 3 4 5 6 7 8 9 10 Always

13. How often does your knee hurt?

    Never 0 1 2 3 4 5 6 7 8 9 10 Always

14. How severe is your worst knee pain?

    No pain 0 1 2 3 4 5 6 7 8 9 10 Severe, pain pills hourly

15. Do you use a cane when you walk? (() One   () Two)

    Never 0 1 2 3 4 5 6 7 8 9 10 Always

16. Do you use crutches when you walk?

    Never 0 1 2 3 4 5 6 7 8 9 10 Always

17. Do you use a walker when you walk?

    Never 0 1 2 3 4 5 6 7 8 9 10 Always

18. Do you have problems getting in and out of a car?

    Never 0 1 2 3 4 5 6 7 8 9 10 Always

19. Do you have problems getting in and out of a chair?

    Never 0 1 2 3 4 5 6 7 8 9 10 Always

20. Do you have problems with foot care (putting on shoes and socks)?

    Never 0 1 2 3 4 5 6 7 8 9 10 Always

21. Do you have problems carrying heavy objects?

    Never 0 1 2 3 4 5 6 7 8 9 10 Always

22. Are you able to go up and down stairs?

    Normally 0 1 2 3 4 5 6 7 8 9 10 Unable

23. How much can you walk <u>with support</u>?

    More than 60 minutes   0   1   2   3   4   5   6   7   8   9   10   None

24. How much can you walk <u>without support</u>?

    More than 60 minutes   0   1   2   3   4   5   6   7   8   9   10   None

25. What is your current level of activity?

    Heavy labor   0   1   2   3   4   5   6   7   8   9   10   Bedridden

26. How satisfied with your knee are you?

    Very satisfied 0   1   2   3   4   5   6   7   8   9   10   Not satisfied

27. If a normal knee rates 100%, what percent would you rate your knee?

    () 0% () 10% () 20% () 30% () 40% () 50% () 60% () 70% () 80% () 90% () 100%

28. If a normal level of activity rates 100%, what percentage would you rate your current level of activity?

    () 0% () 10% () 20% () 30% () 40% () 50% () 60% () 70% () 80% () 90% () 100%

29. What percentage of your limitations are caused by problems unrelated to your knees?

    () 0% () 10% () 20% () 30% () 40% () 50% () 60% () 70% () 80% () 90% () 100%

30. Has surgery enabled you to return to work?

    () Yes   () No   () Not applicable

31. Has the operation decreased your need for pain medications?

    () Yes   () No   () Not applicable

32. Are you satisfied with the results of the surgery?

    () Yes   () No   () Not applicable

33. How is your knee compared to the last visit?

    A lot worse

    A little worse

    About the same

A little better

A lot better

34. Would you describe your knee pain as…? (circle)

None
Mild or occasional
        Stairs only
        Walking and stairs
Moderate
        Occasional
        Continual
Severe

35. How far can you walk? (circle)

Unlimited

>10 blocks

5-10 blocks

<5 blocks

Housebound

Unable

36. Are you able to walk stairs…? (circle)

Normal up and down

Normal up; down with rail

Up and down with rail

Up with rail; unable down

Unable

37. Have you required any additional surgery of your knee?

() Yes   () No

For patients who had both knees replaced:

38. Which knee was worse before surgery?

() Left   () Right

39. How much worse?

A little   0   1   2   3   4   5   6   7   8   9   10   A lot

40. Which knee is better now?

() Left   () Right

41. How much better is the good knee?

A little   0   1   2   3   4   5   6   7   8   9   10   A lot