

Knee Pain Functional Scale

Patient Name_____

Date_____

Please read carefully:

Please place check mark on the line 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: _____