

**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?*

<b>SYMPTOM</b>	<b>UNABLE TO DO</b>	<b>CAN DO WITH PROBLEM</b>	<b>NO PROBLEM</b>	<b>UNKNOWN</b>
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:** \_\_\_\_\_