



NEW BERLIN  
CHIROPRACTIC &  
THERAPY CENTER

**KNEE / PATELLO-FEMORAL QUESTIONNAIRE**

The following information is to be recorded at approximately the same time each day (preferably at bedtime). Put a check mark in the column that best describes the way you feel. Please complete the following:

Today did you have any problem or discomfort in your LEFT / RIGHT knee at all with the following activities?

	2 Unable to do	1 Can do with problem	0 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, (about a city block)	( )	( )	( )	( )

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME \_\_\_\_\_ DATE \_\_\_\_\_ DOI \_\_\_\_\_ AGE \_\_\_\_\_  
\_\_\_\_\_ / 16 = \_\_\_\_\_ %