

**FATTELLOFEMORAL 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?*

| 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. Squating   |              |                     |            |         |
| 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: \_\_\_\_\_