APPENDIX

ANTERIOR KNEE PAIN (Sheet code: _____)

Name: _____ Date: _____

Age: _____

Knee: L/R

Duration of symptoms: _____ years _____ months

For each question, circle the latest choice (letter), which corresponds to your knee symptoms.

1. Limp
(a) None (5)
(b) Slight or periodical (3)
(c) Constant (0)

2. Support
(a) Full support without pain (5)
(b) Painful (3)
(c) Weight bearing impossible (0)

3. Walking
(a) Unlimited (5)
(b) More than 2 km (3)
(c) 1-2 km (2)
(d) Unable (0)

4. Stairs
(a) No difficulty (10)
(b) Slight pain when descending (8)
(c) Pain both when descending and ascending (5)
(d) Unable (0)

5. Squatting
(a) No difficulty (5)
(b) Repeated squatting painful (4)
(c) Painful each time (3)
(d) Possible with partial weight bearing (2)
(e) Unable (0)

6. Running
(a) No difficulty (10)
(b) Pain after more than 2 km (8)
(c) Slight pain from start (6)
(d) Severe pain (3)
(e) Unable (0)

7. Jumping
(a) No difficulty (10)
(b) Slight difficulty (7)
(c) Constant pain (2)
(d) Unable (0)

8. Prolonged sitting with the knees flexed
(a) No difficulty (10)
(b) Pain after exercise (8)
(c) Constant pain (6)
(d) Pain forces to extend knees temporarily (4)
(e) Unable (0)

9. Pain
(a) None (10)
(b) Slight and occasional (8)
(c) Interferes with sleep (6)
(d) Occasionally severe (3)
(e) Constant and severe (0)

10. Swelling
(a) None (10)
(b) After severe exertion (8)
(c) After daily activities (6)
(d) Every evening (4)
(e) Constant (0)

11. Abnormal painful kneecap (patellar) movements (subluxations)
(a) None (10)
(b) Occasionally in sports activities (6)
(c) Occasionally in daily activities (4)
(d) At least one documented dislocation (2)
(e) More than two dislocations (0)

12. Atrophy of thigh
(a) None (5)
(b) Slight (3)
(c) Severe (0)

13. Flexion deficiency
(a) None (5)
(b) Slight (3)
(c) Severe (0)

Reference: Kujala UM, Jaakkola LH, Koskinen SK, Taimela S, Hurme M, Nelimarkka O: **Scoring of patellofemoral disorders.** *Arthroscopy* 1993, **9**:159-163.