

KNEE FUNCTIONAL ASSESSMENT

Instructions: The list below contains some sentences people have used to describe themselves when they have knee pain. When your knee hurts, you may find it hard to do some of these activities. Please check only the sentences that describe your last 24 hours.

Name: _____ Date: _____

Affected Knee: Right Left Both

- 1. I stay home most of the time because of my knee.
- 2. When I sit I change positions frequently to get my knee comfortable.
- 3. I walk more slowly than usual because of my knee.
- 4. Because of my knee I am not doing any of the jobs that I usually do around the house.
- 5. Because of my knee I use the handrail on stairs.
- 6. Because of my knee I lie down and rest more often.
- 7. Because of my knee I have difficulty driving.
- 8. I get dressed more slowly than usual because of my knee pain.
- 9. Because of my knee I try to get other people to do things for me.
- 10. I only stand for short periods of time because of my knee pain.
- 11. I find it difficult to get out of a chair because of my knee.
- 12. Because of my knee pain, I try not to squat down.
- 13. My knee is painful almost all the time.
- 14. Running is difficult because of my knee.
- 15. My appetite is not good because of my knee.
- 16. I have trouble putting my shoes and socks on because of my knee.
- 17. I walk only short distances because of my knee.
- 18. I sleep less well because of my knee.
- 19. I have difficulty going up stairs because of my knee.
- 20. I have difficulty going down stairs because of my knee.
- 21. I sit down for most of the day because of my knee.
- 22. Because of my knee it takes my longer to get going in the mornings.
- 23. Because of my knee pain I am more irritable and bad tempered with people than usual.
- 24. I need to take medication for my knee pain in order to complete daily activities.
- 25. I need to modify my fitness activities because of my knee.

_____ / 25 Functional Restrictions

Please mark on the line to indicate the amount of pain you have had in the past 24 hours.

RIGHT KNEE

No pain at all _____ Worst pain possible

LEFT KNEE

No pain at all _____ Worst pain possible