

GARDINER FAMILY CHIROPRACTIC  
PATELLOFEMORAL QUESTIONNAIRE

Name \_\_\_\_\_ Date \_\_\_\_\_

The purpose of this questionnaire is to measure your perceived disability from your patellofemoral pain. The selections you choose will give your doctor information about how your pain has affected your ability to manage in everyday life.

INSTRUCTIONS: In each section, mark with an "X" only *one* box which most closely applies to your *patellofemoral pain*. Please answer every section.

WALKING AS FAR AS A MILE

- 0 No problem
- 1 Can do with problem
- 2 Unable to do

CLIMBING UP 2 FLIGHTS OF STAIRS  
(16 STEPS)

- 0 No problem
- 1 Can do with problem
- 2 Unable to do

SQUATTING

- 0 No problem
- 1 Can do with problem
- 2 Unable to do

KNEELING

- 0 No problem
- 1 Can do with problem
- 2 Unable to do

SITTING FOR PROLONGED PERIODS  
WITH YOUR KNEES BENT IN ONE  
POSITION

- 0 No problem
- 1 Can do with problem
- 2 Unable to do

CLIMBING UP 4 FLIGHTS OF STAIRS  
(32 STEPS)

- 0 No problem
- 1 Can do with problem
- 2 Unable to do

RUNNING A SHORT DISTANCE,  
SAY 100 METERS

- 0 No problem
- 1 Can do with problem
- 2 Unable to do

WALKING A SHORT DISTANCE  
(A CITY BLOCK)

- 0 No problem
- 1 Can do with problem
- 2 Unable to do