FOTO Patient Intake Survey Knee

Name: Date:

Please Read Carefully: Answer each question based on the problem for which you are receiving treatment. Mark which column best describes how you are able to do each activity. Please answer each question even if you do not do or have not done this activity. Make your best guess as to which response is most accurate.

Today, because of your affected knee do you or would you have any difficulty...	Extreme difficulty/ Unable to do	Quite a bit of difficulty	Moderate Difficulty	A little bit of difficulty	No Difficutly
1. With any of your usual work, housework, or school activities					
2. Getting into or out of the bath					
3. Walking between rooms					
4. Squatting					
5. Lifting an object, like a bag of groceries, from the floor					
6.Performing light activities around your home					
7. Walking two blocks					
8. Getting up or down 10 stairs (about 1 flight of stairs)					
9. Standing for 1 hour					
10. Running on uneven ground					