



# NOVA CHIROPRACTIC & REHABILITATION CENTER

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Patient Name: \_\_\_\_\_ Acct #: \_\_\_\_\_ Date: \_\_\_\_\_

## FUNCTIONAL INDEX QUESTIONNAIRE (FIQ) (KNEE)

The following information is to be recorded at approximately the same time each day (preferably at bedtime). Put an "X" in the column that best describes the way you feel. Please complete the following:

"Today did you have any problem or discomfort in your left / right knee with the following activities?"

ACTIVITY (LEFT KNEE)	UNABLE	CAN DO WITH PROBLEM	NO PROBLEM	UNKNOWN
1. Walking as far as one mile.				
2. Climbing up 2 flights of stairs (16 steps)				
3. Squatting				
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 (100 yards - length of football field)				
8. Walking a short distance (1 block)				

ACTIVITY (RIGHT KNEE)	UNABLE	CAN DO WITH PROBLEM	NO PROBLEM	UNKNOWN
1. Walking as far as one mile.				
2. Climbing up 2 flights of stairs (16 steps)				
3. Squatting				
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 (100 yards - length of football field)				
8. Walking a short distance (1 block)				

REFERENCE: Harrison E., Quinney H., Magee D., Sheppard M.S., NcQuarrie A.; Analysis of Outcome Measures used in the Study of Patellofemoral Pain Syndrome. Physiotherapy, Canada; 47: 264-272.