

# BANFF PATELLOFEMORAL INSTABILITY INSTRUMENT 2.0

## A QUALITY OF LIFE SCORE FOR PATIENTS WITH PATELLOFEMORAL INSTABILITY

**Patient Name** (first / last): \_\_\_\_\_

**Date of Visit** (day / month / year): \_\_\_\_\_

**Your Surgeon's Name:**

**Which knee are you being seen for today?**

**This visit is your:**

- Dr. Mark Heard
- Dr. Greg Buchko
- Dr. Laurie Hiemstra
- Dr. Michaela Kopka

- Left Knee
- Right Knee
- Both Knees

- First Consult / Exam
- Day of Surgery
- 3 Months postop
- 6 Months postop
- 12 Months postop
- 24 Months postop

## DIRECTIONS

Please answer each question with respect to the current status, function, circumstances and beliefs surrounding your knee that has an unstable kneecap. Consider the last three months.

Indicate with a slash (/) on the line, the point ranging from 0 to 100 which most closely represents your situation.

For example, the following question:

**Is this a good questionnaire?**

0 \_\_\_\_\_ 100  
Useless Fantastic

If the slash is placed in the middle of the line, this indicates that the questionnaire is of average quality, or in other words, between the extremes of 'useless' and 'fantastic'. It is important to put your slash at either end of the line if the extreme descriptions accurately reflect your situation.

## SECTION A: SYMPTOMS AND PHYSICAL COMPLAINTS

1. How troubled are you by “popping-out” or instability of your kneecap?

0 \_\_\_\_\_ 100  
Extremely troubled Not troubled at all

2. How much pain or discomfort do you get in your knee with any kind of prolonged activity (greater than half an hour)? For example: standing, walking, sports, etc.

0 \_\_\_\_\_ 100  
Severe pain No pain at all

3. How much pain or discomfort do you get in your knee with prolonged sitting (greater than half an hour)? For example: movies, driving, etc.

0 \_\_\_\_\_ 100  
Severe pain No pain at all

4. Do you have any loss of motion of your knee?

0 \_\_\_\_\_ 100  
Severe loss of motion No loss of motion

5. How weak does your knee feel?

0 \_\_\_\_\_ 100  
Extremely weak Not weak at all

## SECTION B: WORK AND/OR SCHOOL RELATED CONCERNS

*\*\*If you are not working due to your knee, make a slash on the extreme left-hand side of the line for each.*

6. How much difficulty do you have because of your knee with turning or pivoting motions at work and/or school?

0 \_\_\_\_\_ 100  
Severe difficulty No difficulty at all

7. How much difficulty do you have with squatting at work and/or school?

0 \_\_\_\_\_ 100  
Severe difficulty No difficulty at all

8. How much of a concern is it for you to miss time from work and/or school because of your knee problem?

0 \_\_\_\_\_ 100  
Extreme concern No concern at all

9. Has the cost of your knee injury created financial hardship for you or your family?

0 \_\_\_\_\_ 100  
Severe financial hardship No financial hardship at all

### SECTION C: RECREATION / SPORT / ACTIVITY

10. How concerned are you that your recreational and/or sport activities could make your knee worse?

0 \_\_\_\_\_ 100  
Extremely concerned Not concerned at all

11. Do you have to participate in recreational and/or sport activities with caution?

(Make a slash at the extreme left i.e. 0, if you are unable to participate in your recreational and/or sport activities because of your knee).

0 \_\_\_\_\_ 100  
Always with caution Never with caution

12. How fearful are you of your knee “popping-out” when participating in your recreational and/or sport activities?

(Make a slash at the extreme left i.e. 0, if you are unable to participate in your recreational and/or sport activities because of your knee).

0 \_\_\_\_\_ 100  
Extremely fearful Not fearful at all

13. How concerned are you with walking on uneven ground, a wet surface or walking on ice?

0 \_\_\_\_\_ 100  
Extremely concerned Not concerned at all

14. Are you able to give your full effort in your recreational and/or sport activities?

(Make a slash at the extreme left i.e. 0, if you are unable to participate in your recreational and/or sport activities because of your knee).

0 \_\_\_\_\_ 100  
Never able Always able

## SECTION D: LIFESTYLE

15. How concerned are you with general safety issues because of your knee problem?

For example: walking up or down stairs, driving, or carrying small children, etc.

0 \_\_\_\_\_ 100  
Extremely concerned Not concerned at all

16. How much has your ability to exercise and maintain fitness been limited by your knee problem?

0 \_\_\_\_\_ 100  
Totally limited Not limited at all

17. How much has your enjoyment of life been limited by your knee problem?

0 \_\_\_\_\_ 100  
Totally limited Not limited at all

18. Do you avoid lifestyle activities with family and/or friends because of your knee problem?

0 \_\_\_\_\_ 100  
Always avoid Never avoid

