

BANFF PATELLA INSTABILITY INSTRUMENT

A QUALITY OF LIFE SCORE FOR PATIENTS WITH PATELLOFEMORAL INSTABILITY

Patient Name (first / last): _____

Date (day / month / year): _____

Your Surgeon's Name:

Which knee are you being seen for today?

This visit is your:

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

- 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 B: WORK RELATED CONCERNS

The following questions are being asked with respect to your job or vocation (**i.e., WORK RELATED CONCERNS**). The questions are concerned with your ability to function at work and how your knee has affected your current work-related concerns. If you are a full-time student/home maker, then consider this and any part-time work together. Consider the last three months.

***** If you are CURRENTLY NOT EMPLOYED for reasons OTHER THAN YOUR KNEE then place a check on this line. _____**

5. How much trouble do you have, because of your knee with turning or pivoting motions at work? (Make a slash at the extreme left if you are unable to work because of the knee.)

0 _____ 100
Severely troubled No trouble at all

6. How much trouble do you have, because of your knee, with squatting motions at work? (Make a slash at the extreme left if you are unable to work because of the knee.)

0 _____ 100
Severely troubled No trouble at all

7. How much of a concern is it for you to miss days from work, due to problems or re-injury to your knee? (Make a slash at the extreme left if you are unable to work because of the knee.)

0 _____ 100
An extremely significant concern No concern at all

8. How much of a concern is it for you to lose time from "school" or work because of the treatment of your knee?

0 _____ 100
An extremely significant concern No concern at all

SECTION C: SPORT / RECREATION / COMPETITION

The following questions are being asked with respect to your **RECREATIONAL ACTIVITIES, SPORT PARTICIPATION OR COMPETITION**. The questions are concerned with your ability to function and participate in these activities as they relate to your knee problem. Consider the last three months.

9. How much limitation do you have with sudden twisting and pivoting movements or changes in direction?

0 _____ 100
Totally limited No limits

10. How much of a concern is it for you that your sporting/recreational activities may result in the status of your knee to worsen?

0 _____ 100
An extremely significant No concern at all concern

11. How does your current level of athletic or recreational performance, compare to your pre-injury level?

0 _____ 100
Totally limited No limitations

12. With respect to the activities or sports that you currently desire to be involved with, how much have your expectations changed because of the status of your knee?

0 _____ 100
Expectations totally lowered Expectations not lowered at all

13. Do you have to play your recreation/sport under caution? (Make a slash at the extreme left i.e. 0, if you are unable to play recreation/sport because of your knee)

0 _____ 100
Always play under caution Never play under caution

14. How fearful are you of your knee “giving way” when playing recreation/sport? (Make a slash at the extreme left i.e. 0, if you are unable to play recreation/sport because of your knee)

0 _____ 100
Extremely fearful No fear at all

15. Are you concerned about environmental conditions, such as a wet playing field, a hard court, or the type of gym floor when involved in your recreation or sport? (Make a slash at the extreme left i.e. 0, if you are unable to play recreation/sport because of your knee)

0 _____ 100
Extremely concerned Not concerned at all

16. Do you find it frustrating to have to consider your knee with respect to your recreation/sport?

0 _____ 100
Extremely frustrated Not frustrated at all

17. How difficult is it for you to "go full out" at your recreation/sport? (Make a slash at the extreme left i.e. 0, if you are unable to play recreation/sport because of your knee)

0 _____ 100
Extremely difficult Not difficult at all

18. Are you fearful of playing contact sports? (Circle the "N/A" at the right of the scale if you do not play contact sport for reasons other than the knee.)

0 _____ 100 N/A
Extremely fearful No fear at all

The following questions are specifically asking about the two most important sports or recreational activities that you do. Please write them in order of importance.

1. _____
2. _____

19. How limited are you in playing the number "1" sport/recreational activity? (Make a slash at the extreme left i.e. 0, if you are unable to play recreation/sport because of your knee)

0 _____ 100
Extremely limited Not limited at all

20. How limited are you in playing the number "2" sport/ recreational activity? (Make a slash at the extreme left i.e. 0, if you are unable to play recreation/sport because of your knee)

0 _____ 100
Extremely limited Not limited at all

SECTION D: LIFESTYLE

The following questions are concerned with your lifestyle in general and should be considered outside of your work and recreational/sport activities as they relate to your knee with an unstable kneecap.

21. Do you have to concern yourself with general safety issues (e.g. carrying small children, working in the yard, etc.) with respect to your knee with an unstable kneecap?

0 _____ 100
Extremely concerned No concern at all

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

0 _____ 100
Totally limited Not limited at all

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

0 _____ 100
Totally limited Not limited at all

24. How often are you aware of your knee problem?

0 _____ 100
All of the time None of the time

25. Are you concerned about your knee, with respect to lifestyle activities that you and your family do together?

0 _____ 100
Extremely concerned No concern at all

26. Have you modified your lifestyle to avoid potentially damaging activities to your knee?

0 _____ 100
Totally modified No modifications

SECTION E: SOCIAL AND EMOTIONAL

The following questions are being asked regarding your attitudes and feelings as they relate to your knee with an unstable kneecap. Consider the last three months

27. Does it concern you that your competitive needs are no longer being met because of your knee problem? (Make a slash at the extreme right i.e. 100, if your competitive needs are being met. Make a slash at the extreme left i.e. 0 if you do not have any competitive needs.)

0 _____ 100
Extremely concerned No concern at all

28. Have you had difficulty being able to psychologically "come to grips" with your knee problem?

0 _____ 100
Extremely difficult Not difficult at all

29. How often are you apprehensive about your knee?

0 _____ 100
All of the time None of the time

30. How much are you troubled with lack of confidence in your knee?

0 _____ 100
Severely troubled No trouble at all

31. How fearful are you of re-injuring your knee?

0 _____ 100
Extremely fearful No fear at all

Thank you for completing this questionnaire.