KUJALA SCORING QUESTIONNAIRE

Name:	Date:
First Last	Date.
Physician:	
1. Limp:	8. Prolonged sitting with knee flexed:
🔿 a) None	○ a) No difficulty
○ b) Slight or periodic	○ b) Pain after exercise
⊂ c) Constant	🔿 c) Constant pain
	🔿 d) Severe pain
2. Support:	⊂ e) Unable
O a) Full support without pain	9. Pain:
○ b) Painful	() a) None
⊂ c) Weightbearing impossible	 ○ b) Slight and occasional
3. Walking:	\bigcirc c) Interferes with sleep
⊂ a) Unlimited	\bigcirc d) Occasionally severe
🔿 b) More than 2 km	() e) Constant and severe
○ c) 1-2 km	
🔿 d) Unable	10. Swelling:
	○ a) None
4. Stairs:	○ b) After severe exertion
○ a) No difficulty	○ c) After daily activities
O b) Slight pain when descending	Od) Every morning
C c) Pain both when ascending and descending	○ e) Constant
⊂ d) Unable	11. Abnormal painful kneecap movements
5. Squatting:	(patellar subluxations)
○ a) No difficulty	🔿 a) None
○ b) Repeated squatting painful	○ b) Occasionally in sports activities
⊂ c) Painful each time	C) Occasionally in daily activities
⊂ d) Possible with partial weightbearing	○ d) At least one dislocation after surgery
⊂e) Unable	\bigcirc e) More than two dislocations
6. Running:	12. Atrophy of thigh:
○ a) No difficulty	() a) None
🔿 b) Pain after more than 2 km	⊖ b) Slight
\bigcirc c) Slight pain from the start	○ c) Severe
⊂ d) Severe pain	
⊂ e) Unable	13. Flexion deficiency:
7 lumping	🔿 a) None
7. Jumping:	🔿 b) Slight
○ a) No difficulty	○ c) Severe

- ⊖ b) Slight difficulty
- c) Constant pain
- 🔿 d) Unable