

Oxford KNEE Score

Patient's name: _____

Timeframe: pre op 3/52 6/52 3/12 6/12 12/12

Side L / R Appt date _____ Date of Birth: _____ Age: _____

Patient to complete. Tick (✓) one box for every question

<p>1. During the past 4 weeks How would you describe the pain in your knee?</p> <ul style="list-style-type: none"><input type="checkbox"/> None<input type="checkbox"/> Very Mild<input type="checkbox"/> Mild<input type="checkbox"/> Moderate<input type="checkbox"/> Severe	<p>7. During the past 4 weeks Have you been limping when walking because of your knee?</p> <ul style="list-style-type: none"><input type="checkbox"/> Rarely/never<input type="checkbox"/> Sometimes, or just at first<input type="checkbox"/> Often, not just at first<input type="checkbox"/> Most of the time<input type="checkbox"/> All of the time
<p>2. During the past 4 weeks How long can you walk (with or without stick) before the pain in your knee becomes severe?</p> <ul style="list-style-type: none"><input type="checkbox"/> No pain/more than 30mins<input type="checkbox"/> 16-30 mins<input type="checkbox"/> 5-15 mins<input type="checkbox"/> Around the house only<input type="checkbox"/> Not at all/pain severe	<p>8. During the past 4 weeks Have you felt that your knee might suddenly “give way” or let you down?</p> <ul style="list-style-type: none"><input type="checkbox"/> Rarely/never<input type="checkbox"/> Sometimes, or just at first<input type="checkbox"/> Often, not just at first<input type="checkbox"/> Most of the time<input type="checkbox"/> All of the time
<p>3. During the past 4 weeks After a meal (sat at a table), how painful is the knee to stand up?</p> <ul style="list-style-type: none"><input type="checkbox"/> Not at all painful<input type="checkbox"/> Slightly painful<input type="checkbox"/> Moderately painful<input type="checkbox"/> Very painful<input type="checkbox"/> Unbearable	<p>9. During the past 4 weeks Could you kneel down and get up again afterwards?</p> <ul style="list-style-type: none"><input type="checkbox"/> Yes, easily<input type="checkbox"/> With little difficulty<input type="checkbox"/> With moderate difficulty<input type="checkbox"/> With extreme difficulty<input type="checkbox"/> No, impossible
<p>4. During the past 4 weeks Have you been troubled by pain from your knee in bed at night?</p> <ul style="list-style-type: none"><input type="checkbox"/> No nights<input type="checkbox"/> Only 1 or 2 nights<input type="checkbox"/> Some nights<input type="checkbox"/> Most nights<input type="checkbox"/> Every night	<p>10. During the past 4 weeks Have you had any trouble with washing and drying yourself (all over) because of your knee?</p> <ul style="list-style-type: none"><input type="checkbox"/> No trouble at all<input type="checkbox"/> Very little trouble<input type="checkbox"/> Moderate trouble<input type="checkbox"/> Extreme trouble<input type="checkbox"/> Impossible to do
<p>5. During the past 4 weeks How much has pain from your knee interfered with your usual work (including housework)?</p> <ul style="list-style-type: none"><input type="checkbox"/> Not at all<input type="checkbox"/> A little bit<input type="checkbox"/> Moderately<input type="checkbox"/> Greatly<input type="checkbox"/> Totally	<p>11. During the past 4 weeks Have you had any trouble getting in and out of a car or using public transport because of your knee?</p> <ul style="list-style-type: none"><input type="checkbox"/> No trouble at all<input type="checkbox"/> Very little trouble<input type="checkbox"/> Moderate trouble<input type="checkbox"/> Extreme trouble<input type="checkbox"/> Impossible to do
<p>6. During the past 4 weeks Could you walk down one flight of stairs?</p> <ul style="list-style-type: none"><input type="checkbox"/> Yes, easily<input type="checkbox"/> With little difficulty<input type="checkbox"/> With moderate difficulty<input type="checkbox"/> With extreme difficulty<input type="checkbox"/> No, impossible	<p>12. During the past 4 weeks Could you do the household shopping on your own?</p> <ul style="list-style-type: none"><input type="checkbox"/> Yes, easily<input type="checkbox"/> With little difficulty<input type="checkbox"/> With moderate difficulty<input type="checkbox"/> With extreme difficulty<input type="checkbox"/> No, impossible