

Oxford Knee Score Questionnaire

Patient Name:

CRN:

Date issued:

Date completed by patient: __ / __ / ____

Left Knee

Right Knee

Pre-op

6 months

12 months

24 months

36 months

48 months

60 months

72 months

84 months

96 months

108 months

120 months

132 months

144 months

156 months

168 months

180 months

192 months

204 months

216 months

228 months

240 months

1. Describe the pain you usually have from your knee?

1. None

2. Very mild

3. Mild

4. Moderate

5. Severe

2. Have you had any trouble washing and drying yourself (all over) because of your knee?

1. No Trouble at all

2. Very little trouble

3. Moderate trouble

4. Extreme difficulty

5. Impossible to do

3. Have you had any trouble getting in and out of the car or using public transport because of your knee? (With or without a stick)

1. No Trouble at all

2. Very little trouble

3. Moderate trouble

4. Extreme difficulty

5. Impossible to do

4. For how long are you able to walk before the pain in your knee becomes severe? (With or without a stick?)

1. No pain/>60 mins

2. 16-60 mins

3. 5-15 mins

4. Around house only

5. Not at all – severe pain on walking



5. **After a meal (sat at a table), how painful has it been for you to stand up from a chair because of your knee?**
 1. Not at all painful 2. Slightly painful
 3. Moderately painful 4. Very painful
 5. Unbearable pain
6. **Have you been limping when walking, because of your knee?**
 1. Rarely/never 2. Sometimes or just at first
 3. Often, not just at first 4. Most of the time
 5. All of the time
7. **Could you kneel down and get up again afterwards?**
 1. Yes, easily 2. With little difficulty
 3. With moderate difficulty 4. With extreme difficulty
 5. No, impossible
8. **Are you troubled by pain in your knee at night in bed?**
 1. Not at all 2. Only one/two nights
 3. Some nights 4. Most nights
 5. Every night
9. **How much has pain from your knee interfered with your usual work? (including housework)**
 1. Not at all 2. A little bit
 3. Moderately 4. Greatly
 5. Totally
10. **Have you felt that your knee might suddenly “give away” or let you down?**
 1. Rarely/never 2. Sometimes or just at first
 3. Often, not just at first 4. Most of the time
 5. All of the time
11. **Could you do household shopping on your own?**
 1. Yes, easily 2. With little difficulty
 3. With moderate difficulty 4. With extreme difficulty
 5. No, impossible
12. **Could you walk down a flight of stairs?**
 1. Yes, easily 2. With little difficulty
 3. With moderate difficulty 4. With extreme difficulty
 5. No, impossible

