

# Oxford Knee Score

<b>Appt Date</b> <input style="width: 100%;" type="text"/>	<b>Reviewer</b> <input style="width: 100%;" type="text"/>	<b>Clinic</b> <input style="width: 100%;" type="text"/>
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**Side**  Left  Right **Surgery Date**  **Time Point**

## Relating to your symptoms in the past 4 weeks:

1. How would you 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 with 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/out of a car or using public transport because of knee?
  - 1 No trouble at all
  - 2 Very little trouble
  - 3 Moderate trouble
  - 4 Extreme difficulty
  - 5 Impossible to do
4. How long have you been able to walk for before pain from the knee becomes severe? (stick allowed)
  - 1 No pain >60 min
  - 2 16 - 60 min
  - 3 5 - 15 min
  - 4 Around the house only
  - 5 Not at all - severe 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
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. Have you been troubled by pain from your knee in bed at night?
  - 1 Not at all
  - 2 Only one or two nights
  - 3 Some nights
  - 4 Most nights
  - 5 Every night

**Name**  First Name  Last Name **Gender**   
**Unit No**  Hospital ID **D.O.B.**  Date of Birth **Age**



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9. How much has pain from your knee interfered with your usual work / 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 way' 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 the 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