Oxford Knee Score

PATIENT NAME:_____

. How would you describe the pain you usually have in your knee?	4. Have you been troubled by pain from your knee in bed at night?
None	No nights
O Very mild	Only 1 or 2 nights
● Mild	Some nights
Moderate Moderate	Most nights
Severe	Every night
2. How long can you walk for before the pain in your knee becomes severe (with or without a walking aid)?	5. How much has pain from your knee interfered with your usual work, including housework?
No pain for 30 minutes or more	Not at all
16 to 30 minutes	A little bit
5 to 15 minutes	Moderately
Around the house only	
Not at all	○ Totally
B. After sitting for a meal, how painful is it to stand up because of your knee?	6. Could you walk down a flight of stairs?
Not at all painful	Yes, easily
Slightly painful	With little difficulty
Moderately painful	With moderate difficulty
Very painful	With extreme difficulty
○ Unbearable	No, impossible
' Have you been limping when walking because of your knee?	10. Have you had any trouble with washing and drying yourself, all over, because of your knee?
Rarely/never	No trouble at all
Sometimes or just at first	
Often, not just at first	Very little trouble
Most of the time	Moderate trouble
All of the time	 Extreme difficulty Impossible to do
3. Have you felt that your knee might suddenly 'give-way' or let you down?	11. Have you had any trouble getting in and out of a car or usi public transport, because of your knee?
Rarely/never	No trouble at all
Sometimes or just at first	Very little trouble
Often, not just at first	Moderate trouble
Most of the time	Extreme difficulty
All of the time	
). Could you kneel down and get up again afterwards?	12. Could you do the household shopping on your own?
Yes, easily	Ves, easily
With little difficulty	With little difficulty
With moderate difficulty	With moderate difficulty
With extreme difficulty	With extreme difficulty
No, impossible	No, impossible