

Patient's Last Name	First Name
Date	

Oxford Knee Score

- | | | | |
|----------------------------------|----------------------------------|----------------------------------|-------------------------------------|
| <input type="checkbox"/> Pre-Op | <input type="checkbox"/> 18 mos. | <input type="checkbox"/> 36 mos. | <input type="checkbox"/> Left Knee |
| <input type="checkbox"/> 6 mos. | <input type="checkbox"/> 24 mos. | <input type="checkbox"/> 42 mos. | <input type="checkbox"/> Right Knee |
| <input type="checkbox"/> 12 mos. | <input type="checkbox"/> 30 mos. | <input type="checkbox"/> 48 mos. | |

- Describe the pain you usually have from your knee?
 - None
 - Very mild
 - Mild
 - Moderate
 - Severe
- Have you had any trouble washing and drying yourself (all over) because of your knee?
 - No trouble at all
 - Very little trouble
 - Moderate trouble
 - Extreme difficulty
 - Impossible to do
- 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)
 - No trouble at all
 - Very little trouble
 - Moderate trouble
 - Extreme difficulty
 - Impossible to do
- For how long are you able to walk before the pain in your knee becomes severe? (With or without a stick)
 - No pain/ >60 min
 - 16-60 minutes
 - 5-15 minutes
 - Around the house only
 - Not at all- severe on walking
- After a meal (sat at a table), how painful has it been for you to stand up from a chair because of your knee?
 - Not at all painful
 - Slightly painful
 - Moderately pain
 - Very painful
 - Unbearable
- Have you been limping when walking, because of your knee?
 - Rarely/never
 - Sometimes or just at first
 - Often, not just at first
 - Most of the time
 - All of the time
- Could you kneel down and get up again afterwards?
 - Yes, easily
 - With little difficulty
 - With moderate difficulty
 - With extreme difficulty
 - No, impossible

8. Are you troubled by pain in your knee at night in bed?
1. Not at all
 2. Only one or 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 at first
 4. Most of the time
 5. All 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.