

# Oxford Knee Score

Please complete this form by answering the following questions, or go to this web address and fill it out online, print a copy to bring with you for your appointment

[http://www.orthopaedicscore.com/scorepages/oxford\\_knee\\_score.html](http://www.orthopaedicscore.com/scorepages/oxford_knee_score.html)

Patient Name \_\_\_\_\_ Exam Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Gender (circle) M F

Knee involved (circle) R L Initial Assessment? (circle) Y N Location \_\_\_\_\_

Primary complaint (circle) Pain | Weakness | Loss of motion | Instability

Onset date \_\_\_\_/\_\_\_\_/\_\_\_\_ Duration of Problem \_\_\_\_\_

Describe your injury and pain: \_\_\_\_\_

Please answer the following 12 multiple choice questions:

**1. How would you describe the pain you usually have in your knee?**

None  Very Mild  Mild  Moderate  Severe

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

none  Very little  Moderate  Extreme difficulty  Impossible

**3. Have you had any trouble getting in and out of the car or using public transport because of your knee?**

none  Very little  Moderate  Extreme difficulty  Impossible

**4. For how long are you able to walk before the pain in your knee becomes severe?**

More than 60 minutes  16-60 minutes  5-15 min  Only around the house  Not at all

**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?**

Not at all painful  Slightly painful  Moderate pain  Very painful  Unbearable

**6. Have you been limping when walking, because of your knee?**

Rarely  Sometimes or just at first  Often  Most of the time  All of the time

*(continued on next page)*

**7. Could you kneel down and get up again afterwards?**

- none       Very little       Moderate       Extreme difficulty       Impossible

**8. Are you troubled by pain in your knee at night in bed?**

- Not at all       Only one or two nights       Some nights       Most nights       Every night

**9. How much has pain from your knee interfered with your usual work? (including housework)**

- Not at all       A little bit       Moderately       Greatly       Totally

**10. Have you felt that your knee might suddenly “give away”?**

- Rarely       Sometimes or just at first       Often       Most of the time       All of the time

**11. Could you do household shopping on your own?**

- Yes, easily       With a little difficulty       Moderate difficulty       Extreme difficulty       No, impossible

**12. Could you walk down a flight of stairs?**

- Yes, easily       With a little difficulty       Moderate difficulty       Extreme difficulty       No, impossible