



Oxford KNEE Score

Patient's name:

Side ☐ L / ☐ R Appt date Date of Birth Age

Timeframe (for office use) ☐ pre op ☐ 3/52 ☐ 6/52 ☐ 3/12 ☐ 6/12 ☐ 12/12

Patient to complete. Please select one box for every question

1. During the past 4 weeks

How would you describe the pain in your knee?

- ☐ None
☐ Very Mild
☐ Mild
☐ Moderate
☐ Severe

5. During the past 4 weeks

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

- ☐ Not at all
☐ A little bit
☐ Moderately
☐ Greatly
☐ Totally

9. During the past 4 weeks

Could you kneel down and get up again afterwards?

- ☐ Yes, easily
☐ With little difficulty
☐ With moderate difficulty
☐ With extreme difficulty
☐ No, impossible

2. During the past 4 weeks

How long can you walk (with or without stick) before the pain in your knee becomes severe?

- ☐ No pain/more than 30mins
☐ 16–30 mins
☐ 5–15 mins
☐ Around the house only
☐ Not at all/pain severe

6. During the past 4 weeks

Could you walk down one flight of stairs?

- ☐ Yes, easily
☐ With little difficulty
☐ With moderate difficulty
☐ With extreme difficulty
☐ No, impossible

10. During the past 4 weeks

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

- ☐ No trouble at all
☐ Very little trouble
☐ Moderate trouble
☐ Extreme trouble
☐ Impossible to do

3. During the past 4 weeks

After a meal (sat at a table), how painful is the knee to stand up?

- ☐ Not at all painful
☐ Slightly painful
☐ Moderately painful
☐ Very painful
☐ Unbearable

7. During the past 4 weeks

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

11. During the past 4 weeks

Have you had any trouble getting in and out of a car or using public transport because of your knee?

- ☐ No trouble at all
☐ Very little trouble
☐ Moderate trouble
☐ Extreme trouble
☐ Impossible to do

4. During the past 4 weeks

Have you been troubled by pain from your knee in bed at night?

- ☐ No nights
☐ Only 1 or 2 nights
☐ Some nights
☐ Most nights
☐ Every night

8. During the past 4 weeks

Have you felt that your knee might suddenly 'give way' or let you down?

- ☐ Rarely/never
☐ Sometimes, or just at first
☐ Often, not just at first
☐ Most of the time
☐ All of the time

12. During the past 4 weeks

Could you do the household shopping on your own?

- ☐ Yes, easily
☐ With little difficulty
☐ With moderate difficulty
☐ With extreme difficulty
☐ No, impossible