

PROBLEMS WITH YOUR KNEE THE OXFORD KNEE SCORE.	
Name:	

Dates of past knee unicompartmental or TKR surgery.
Right knee
Left knee

DOB:	MRN NO:
Height.	Weight.

This is an assessment for :	(Tick)
Left knee	
Right knee:	
Both knees:	

Date:	Dr Z Szomor
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BASE YOUR ANSWERS ON HOW YOUR KNEES HAVE FELT OVER THE LAST 4 WEEKS.

Please tick one box for every question for your left and right knee.

During the past 4 weeks
1. How would you describe the pain you <u>usually</u> have from your knee ?

	Left	Right
Severe		
Moderate		
Mild		
Very mild		
None		

During the past 4 weeks
2. Have you had any trouble with washing and drying yourself (all over) <u>because of your knee</u> ?

	Left	Right
Impossible to do		
Extreme difficulty		
Moderate trouble		
Very little trouble		
No trouble at all		

During the past 4 weeks
3. Have you had any trouble getting in and out of a car or using public transport <u>because of your knee</u> ? (whichever you would tend to use)

	Left	Right
Impossible to do		
Extreme difficulty		
Moderate trouble		
Very little difficulty		
No trouble at all		

During the past 4 weeks ...
4. For how long have you been able to walk before <u>pain from your knee</u> becomes severe ? (with or without a stick)

	Left	Right
Not at all - pain severe when walking		
Around the house <u>only</u>		
5 – 15 minutes		
16 – 30 minutes		
No pain/ More than 30 minutes		

During the past 4 weeks
5. After a meal (sat at a table) how painful has it been for you to stand up from a chair <u>because of your knee</u> ?

	Left	Right
Unbearable		
Very painful		
Moderately painful		
Slightly painful		
Not at all painful		

During the past 4 weeks ...
6. Have you been limping when walking <u>because of your knee</u> ?

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

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During the past 4 weeks

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

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

Left Right

Left Right

During the past 4 weeks

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

Every night		
Most nights		
Some nights		
Only one or two nights		
No nights		

Left Right

During the past 4 weeks

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

Totally		
Greatly		
Moderately		
A little bit		
Not at all		

Left Right

During the past 4 weeks ...

10. Have you felt that your knee might suddenly "give way" or let you down ?

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

Left Right

During the past 4 weeks

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

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

Left Right

During the past 4 weeks ...

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

No impossible		
With extreme difficulty		
With moderate difficulty		
With little difficulty		
Yes, easily.		

Do you take anti-inflammatory medication ?	Circle	Never. Sometimes. Regularly
Do you take non prescribed analgesia ?	Circle	Never. Sometimes. Regularly
Do you take prescription analgesia ?	Circle	Never. Sometimes. Regularly
Do you use walking aids ?	Circle	Never. Sometimes. Regularly
If so – what devices. 1 cane. 2 canes. Crutches. Walking frame	Circle	

Left knee total.	Right knee total.
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Have you any other pain / condition that affects your mobility ?	If so explain	
What is the level of your satisfaction with your knees if you have had surgery (tick your answer for each knee)	<u>Left knee</u> Very satisfied	<u>Right knee</u> Very satisfied
	Satisfied	Satisfied
	Uncertain	Uncertain
	Unsatisfied	Unsatisfied