

OXFORD KNEE SCORE

Patient Name _____

BRI Nuffield YC

Date of Birth _____

Left Right

Hospital Number _____

TKR UKR Revision

Date of Consultation ____/____/____

Preop 3 month 1 year

5 year 10 year

The following questions must ALL be answered on your **experiences over the past 4 weeks**

1 How would you describe the pain you usually have from your knee?

L	R	
<input type="radio"/>	<input type="radio"/>	None
<input type="radio"/>	<input type="radio"/>	Very Mild
<input type="radio"/>	<input type="radio"/>	Mild
<input type="radio"/>	<input type="radio"/>	Moderate
<input type="radio"/>	<input type="radio"/>	Severe

4 For how long are you able to walk before the pain in your knee becomes severe (with or without a stick)?

L	R	
<input type="radio"/>	<input type="radio"/>	No pain >30 mins
<input type="radio"/>	<input type="radio"/>	16 -30 mins
<input type="radio"/>	<input type="radio"/>	5-15 mins
<input type="radio"/>	<input type="radio"/>	Around the house only
<input type="radio"/>	<input type="radio"/>	Not at all – severe on walking

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

L	R	
<input type="radio"/>	<input type="radio"/>	No trouble at all
<input type="radio"/>	<input type="radio"/>	Very little trouble
<input type="radio"/>	<input type="radio"/>	Moderate trouble
<input type="radio"/>	<input type="radio"/>	Extreme difficulty
<input type="radio"/>	<input type="radio"/>	Impossible to do

5 After a meal (sat at a table), how painful is it been for you to stand up from a chair because of your knee?

L	R	
<input type="radio"/>	<input type="radio"/>	Not at all
<input type="radio"/>	<input type="radio"/>	Slightly painful
<input type="radio"/>	<input type="radio"/>	Moderately painful
<input type="radio"/>	<input type="radio"/>	Very painful
<input type="radio"/>	<input type="radio"/>	Unbearable

3 Have you had any trouble getting in and out of a car or using public transport because of your knee? (with or without a stick)

L	R	
<input type="radio"/>	<input type="radio"/>	No trouble at all
<input type="radio"/>	<input type="radio"/>	Very little trouble
<input type="radio"/>	<input type="radio"/>	Moderate trouble
<input type="radio"/>	<input type="radio"/>	Extreme difficulty
<input type="radio"/>	<input type="radio"/>	Impossible to do

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

L	R	
<input type="radio"/>	<input type="radio"/>	Rarely / never
<input type="radio"/>	<input type="radio"/>	Sometimes or just at first
<input type="radio"/>	<input type="radio"/>	Often, not just at first
<input type="radio"/>	<input type="radio"/>	Most of the time
<input type="radio"/>	<input type="radio"/>	All of the time

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7 Could you kneel down and get up again afterwards?

L	R	
<input type="radio"/>	<input type="radio"/>	Yes, easily
<input type="radio"/>	<input type="radio"/>	With little difficulty
<input type="radio"/>	<input type="radio"/>	With moderate difficulty
<input type="radio"/>	<input type="radio"/>	With extreme difficulty
<input type="radio"/>	<input type="radio"/>	No, impossible

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

L	R	
<input type="radio"/>	<input type="radio"/>	Rarely / never
<input type="radio"/>	<input type="radio"/>	Sometimes or just at first
<input type="radio"/>	<input type="radio"/>	Often, not just at first
<input type="radio"/>	<input type="radio"/>	Most of the time
<input type="radio"/>	<input type="radio"/>	All of the time

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

L	R	
<input type="radio"/>	<input type="radio"/>	No nights
<input type="radio"/>	<input type="radio"/>	Only one or two nights
<input type="radio"/>	<input type="radio"/>	Some nights
<input type="radio"/>	<input type="radio"/>	Most nights
<input type="radio"/>	<input type="radio"/>	Every night

11 Could you do the household shopping on your own?

L	R	
<input type="radio"/>	<input type="radio"/>	Yes, easily
<input type="radio"/>	<input type="radio"/>	With little difficulty
<input type="radio"/>	<input type="radio"/>	With moderate difficulty
<input type="radio"/>	<input type="radio"/>	With extreme difficulty
<input type="radio"/>	<input type="radio"/>	No, impossible

9 How much has pain from your knee interfered with your usual work, including housework?

L	R	
<input type="radio"/>	<input type="radio"/>	Not at all
<input type="radio"/>	<input type="radio"/>	A little bit
<input type="radio"/>	<input type="radio"/>	Moderately
<input type="radio"/>	<input type="radio"/>	Greatly
<input type="radio"/>	<input type="radio"/>	Totally

12 Could you walk down a flight of stairs?

L	R	
<input type="radio"/>	<input type="radio"/>	Yes, easily
<input type="radio"/>	<input type="radio"/>	With little difficulty
<input type="radio"/>	<input type="radio"/>	With moderate difficulty
<input type="radio"/>	<input type="radio"/>	With extreme difficulty
<input type="radio"/>	<input type="radio"/>	No, impossible

Thank you for taking the time to complete this questionnaire.

Please return this to the nurse helping in my clinic

Reference for Oxford Knee Score:

Dawson J, Fitzpatrick R, Murray D, Carr A. Questionnaire on the perceptions of patients about total knee replacement. J Bone Joint Surg Br. 1998 Jan;80(1):63-9.

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