**PROBLEMS WITH YOUR KNEE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***During the past 4 weeks****........*  How would you describe the pain you usually have from your knee? | | | | |
| None | Very mild | Mild | Moderate | Severe |
|  |  |  |  |  |
| ***During the past 4 weeks****........*  Have you had any trouble with washing and drying yourself (all over) because of your knee? | | | | |
| No trouble | Very little | Moderate | Extreme | Impossible |
| at all | trouble | trouble | difficulty | to do |
|  |  |  |  |  |
| ***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? (whichever you would tend to use) | | | | |
| No trouble | Very little | Moderate | Extreme | Impossible |
| at all | trouble | trouble | difficulty | to do |
|  |  |  |  |  |
| ***During the past 4 weeks****........*  For how long have you been able to walk before pain from your knee becomes **severe**? (*with or without a stick)* | | | | |
| No pain/ More than 30 | 16 to 30 | 5 to 15 | Around the | Not at all  - pain severe |
| minutes | minutes | minutes | house only | when walking |
|  |  |  |  |  |
| ***During the past 4 weeks****........*  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 | Slightly | Moderately | Very |  |
| painful | painful | painful | painful | Unbearable |
|  |  |  |  |  |
| ***During the past 4 weeks****......*  Have you been limping when walking, because of your knee? | | | | |
| Rarely/ | Sometimes, or | Often, not | Most of | All of |
| never | just at first | just at first | the time | the time |
|  |  |  |  |  |

**During the past 4 weeks..** **tick one box**

**for every question**

# 1

**2**

**3**

**4**

**5**

**6**

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**During the past 4 weeks...** **tick one box**

**for every question**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***During the past 4 weeks****........*  **Could** you kneel down and get up again afterwards? | | | | |
| Yes, | With little | With moderate | With extreme | No, |
| Easily | difficulty | difficulty | difficulty | Impossible |
|  |  |  |  |  |
| ***During the past 4 weeks****........*  Have you been troubled by pain from your knee in bed at night? | | | | |
| No | Only 1 or 2 | Some | Most | Every |
| nights | nights | nights | nights | night |
|  |  |  |  |  |
| ***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 |
|  |  |  |  |  |
| ***During the past 4 weeks****........*  Have you felt that your knee might suddenly 'give way' or let you down? | | | | |
| Rarely/ | Sometimes, or | Often, not | Most of | All of |
| never | just at first | just at first | the time | the time |
|  |  |  |  |  |
| ***During the past 4 weeks****........*  **Could** you do the household shopping on your own? | | | | |
| Yes, | With little | With moderate | With extreme | No, |
| Easily | difficulty | difficulty | difficulty | Impossible |
|  |  |  |  |  |
| ***During the past 4 weeks****........*  **Could** you walk down one flight of stairs? | | | | |
| Yes, | With little | With moderate | With extreme | No, |
| Easily | difficulty | difficulty | difficulty | Impossible |
|  |  |  |  |  |

# 7

**8**

**9**

**10**

**11**

**12**

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