Musculoskeletal
Central Intake & Assessment Centre

Oxford Knee Score

Name: _____ Date: _____

During the past 4 weeks… Please tick one box for every question.

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

☐ None (1) ☐ Very mild (2) ☐ Mild (3) ☐ Moderate (4) ☐ Severe (5)

2. For how long have you been able to walk before pain from your knee becomes severe? (with or without a cane)

☐ No pain/more than 30 mins (1) ☐ 16 to 30 minutes (2) ☐ 5 to 15 minutes (3) ☐ Around the house only (4) ☐ Not at all (5)

3. 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 (1) ☐ Slightly painful (2) ☐ Moderately painful (3) ☐ Very painful (4) ☐ Unbearable(5)

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

☐ No nights (1) ☐ Only 1 or 2 nights (2) ☐ Some nights (3) ☐ Most nights (4) ☐ Every night(5)

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

☐ Not at all (1) ☐ A little bit (2) ☐ Moderately (3) ☐ Greatly (4) ☐ Totally (5)

6. Could you walk down one flight of stairs?

☐ Yes, easily (1) ☐ With little difficulty (2) ☐ With moderate difficulty (3) ☐ With extreme difficulty (4) ☐ No, Impossible (5)

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

☐ Rarely/never (1) ☐ Sometimes, or just at first (2) ☐ Often, not just at first (3) ☐ Most of the time (4) ☐ All of the time (5)

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

☐ Rarely/never (1) ☐ Sometimes, or just at first (2) ☐ Often, not just at first (3) ☐ Most of the time (4) ☐ All of the time (5)

Please turn page over

During the past 4 weeks…

9. Could you kneel down and get up again afterwards?

☐ Yes, easily (1) ☐ With little difficulty (2) ☐ With moderate difficulty (3) ☐ With extreme difficulty (4) ☐ No, Impossible (5)

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

☐ No trouble at all (1) ☐ Very little trouble (2) ☐ Moderate trouble (3) ☐ Extreme difficulty (4) ☐ Impossible to do so (5)

11. Have you had any trouble getting in and out of a car or using public transport because of your knee? (whichever you tend to use)

☐ No trouble at all (1) ☐ Very little trouble (2) ☐ Moderate trouble (3) ☐ Extreme difficulty (4) ☐ Impossible to do so (5)

12. Could you do the household shopping on your own?

☐ Yes, easily (1) ☐ With little difficulty (2) ☐ With moderate difficulty (3) ☐ With extreme difficulty (4) ☐ No, Impossible (5)

Thank you for completing this questionnaire.

Total Score _____