



Oxford Knee Score (OKS)

English version for the United Kingdom

Prior to completing the Questionnaire please complete the following: -

Patient's Name:

On which side of your body is the affected joint, **for which you are receiving treatment.**

Left

Right

Both

If you said 'both', please complete the first questionnaire thinking about the right side. A second questionnaire, for the left side, will follow.

PROBLEMS WITH YOUR KNEE

Tick (✓) one box for every question.

1. During the past 4 weeks...

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

None	Very mild	Mild	Moderate	Severe
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. 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 difficulty	Impossible to do
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. 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 at all	Very little trouble	Moderate trouble	Extreme difficulty	Impossible to do
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. 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 minutes	16 to 30 minutes	5 to 15 minutes	Around the house only	Not at all/pain severe when walking
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. 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 painful	Slightly painful	Moderately painful	Very painful	Unbearable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. 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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. 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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. 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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. 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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. 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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. 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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. 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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Finally, please check back that you have answered each question.

Thank you very much.