To reproduce, follow the printing instructions.

## **Oxford Knee**

Compatible Note forms:

Fold only on the dotted lines.

Please answer every question

Oxford Knee Score – LEFT KNEE Oxford Knee Score – RIGHT KNEE

	PLEASE PRINT PATIENT'S LAST NAME	
Marking Instructions	<b>&gt;</b>	
Please use a #2 pencil.	PATIENT'S FIRST NAME MIDT	DLE PATIENT'S DATE OF BIRTH
Fill in the complete oval as shown		
Fill III the complete oval as shown		Month Day Year
On which side of your body is the affected kn	ee for which you are receiving treatmen	
Left	Right	a (picuse unouse one)
	_	
	ease complete the first questionnaire thinking	
You will the	en fill out a second questionnaire for the left si	de.
During the past 4 weeks		
How would you describe the pain you usually		
None	Mild	Severe
Very mild	Moderate	
	please fold on dotted line	•
Have you had any trouble washing or drying		O los os assible to the
No trouble at all	Moderate trouble	Impossible to do
Little trouble	Extreme difficulty	
Have you had any trouble getting in and out		
No trouble at all	Moderate trouble	Impossible to do
Very little trouble	Extreme difficulty	
For how long are you able to walk before the		
No pain/More than 30 minutes	5 – 15 minutes	<ul><li>Not at all/pain severe when walking</li></ul>
16 – 30 minutes	Around the house only	
After a meal (sat at a table), how painful has  Not at all painful	Moderately painful	Unbearable
Slightly painful	Very painful	Officerable
Have you been limping when walking, because		
Rarely/never	Often, not just at first	All of the time
Sometimes or just at first	Most of the time	All of the time
Could you kneel down and get up again after		
Yes, easily	With moderate difficulty	No, impossible
With little difficulty	With moderate difficulty  With extreme difficulty	ivo, impossible
Have you been troubled by pain from your kr	·	
No nights	Some nights	Every night
Only 1 or 2 nights	Most nights	
Omy 101 2 mgm3	Most ingitts	
	please fold on dotted line	
	prease for a or a order inte	
How much has pain from your knee interfere	d with your usual work? (including house	ework)
O Not at all	Moderately	Totally
A little bit	Greatly	·
Have you felt that your knee might suddenly		
Rarely/never	Often, not at first	All of the time
Sometimes or just at first	Most of the time	
Could you do household shopping on your ov	vn?	
Yes, easily	<ul> <li>With moderate difficulty</li> </ul>	No, impossible
With little difficulty	With extreme difficulty	
Could you walk down a flight of stairs?		
Yes, easily	<ul> <li>With moderate difficulty</li> </ul>	No, impossible
With little difficulty	With extreme difficulty	
II I	ck back that you have answered e	11'

Thank you very much.