Oxford Knee Score (OKS)

English version for the United Kingdom

Prior to completing the questionnaire please complete the following:-

**Today’s Date:**

|   |   |   |   | 2 | 0 | 2 | 0 |

On which side of your body is the affected knee 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?

<table>
<thead>
<tr>
<th>None</th>
<th>Very mild</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## 2. During the past 4 weeks...

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

<table>
<thead>
<tr>
<th>No trouble at all</th>
<th>Very little trouble</th>
<th>Moderate trouble</th>
<th>Extreme difficulty</th>
<th>Impossible to do</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## 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 tend to use)

<table>
<thead>
<tr>
<th>No trouble at all</th>
<th>Very little trouble</th>
<th>Moderate trouble</th>
<th>Extreme difficulty</th>
<th>Impossible to do</th>
</tr>
</thead>
<tbody>
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<td></td>
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</tbody>
</table>

## 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)

<table>
<thead>
<tr>
<th>No pain/More than 30 minutes</th>
<th>16 to 30 minutes</th>
<th>5 to 15 minutes</th>
<th>Around the house only</th>
<th>Not at all/pain severe when walking</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## 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**?

<table>
<thead>
<tr>
<th>Not at all painful</th>
<th>Slightly painful</th>
<th>Moderately painful</th>
<th>Very painful</th>
<th>Unbearable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## 6. During the past 4 weeks...

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

<table>
<thead>
<tr>
<th>Rarely/never</th>
<th>Sometimes, or just at first</th>
<th>Often, not just at first</th>
<th>Most of the time</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 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

### 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

### 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

### 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

### 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

### 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

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

Thank you very much.