

OXFORD KNEE SCORE – ACTIVITY & PARTICIPATION QUESTIONNAIRE (OKS-APQ)

Circle as appropriate:

RIGHT KNEE / LEFT KNEE

Please tick (✓) **one** box for each statement.

Please consider these statements thinking about the <u>past 4 weeks</u>:	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree
1. It is a problem for me to do activities (e.g. sports, dancing, walking) to the level I want, <u>because of my knee</u>.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. It is a problem for me to carry heavy things (e.g. items at work, shopping or a child), <u>because of my knee</u>.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I need to modify my work or everyday activities, <u>because of my knee</u>.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I need to plan carefully before going out for the day <u>because of my knee</u> (e.g. taking painkillers, using a knee brace or checking that there will be places to sit down).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. It is a problem for me to fully take part in activities with friends and family, <u>because of my knee</u>.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. It is a problem for me to walk at the pace I would like, <u>because of my knee</u>.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. It is a problem for me to twist or turn, as <u>my knee</u> may give way or be painful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. It is a problem for me that I need to take longer to do everyday activities, <u>because of my knee</u>.	<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.

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