

Please complete both sides of this form

Oxford Knee Score & KSS

Visit (circle one): **Preop** **6 Month** **1 Year** **2 Year**

Patient Name _____ Side: R / L

PLEASE SELECT ONLY ONE ANSWER FOR EACH QUESTION

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

- None Moderate
 Very mild Severe
 Mild

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

- No trouble at all Extreme difficulty
 Very little trouble Impossible to do
 Moderate trouble

3. Have you had any trouble getting in and out of a car or using public transport because of your knee?

- No trouble at all Extreme difficulty
 Very little trouble Impossible to do
 Moderate trouble

4. For how long have you been able to walk before pain from your knee becomes severe?

- No pain/> 30 minutes
 16 to 30 minutes
 5 to 15 minutes
 Around house only
 Not at all, severe pain when walking

5. After a meal (seated at a table) how painful has it been for you to stand up from a chair because of your knee?

- Not at all painful Very painful
 Slightly painful Unbearable
 Moderately painful

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

- Rarely/never Most of the time
 Sometimes, at first All of the time
 Often, not just at first

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

- Yes, easily Extreme difficulty
 Little difficulty No, impossible
 Moderate difficulty

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

- No Most nights
 Only 1 or 2 nights Every night
 Some nights

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

- Not at all Greatly
 A little bit Totally
 Moderately

10. Have you felt that your knee might suddenly "give away" or let you down?

- Rarely/never
 Sometimes, at first
 Often, not just at first
 Most of the time
 All of the time

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

- Yes, easily Extreme difficulty
 Little difficulty No, impossible
 Moderate difficulty

12. Could you walk down one flight of stairs?

- Yes, easily Extreme difficulty
 Little difficulty No, impossible
 Moderate difficulty

Knee Registry – KSS

Please Select One Answer for Each Question

1. How much pain do you have when you are walking? (check one)
 None Moderate
 Mild or Occasional Severe
2. How much pain does your knee cause when going up and down stairs?
(check one)
 None Moderate
 Mild or Occasional Severe
3. How much pain does your knee cause when you are at rest? (check one)
 None Moderate
 Mild or Occasional Severe
4. How does your knee affect your walking ability? (check one)
 I can walk unlimited distances
 I can walk 11-20 blocks
 I can walk 5-10 blocks
 I can walk 1-4 blocks
 I can walk less than one block
 I cannot walk at all
5. How do you go up stairs? (check one)
 I go up stairs normally one foot in front of the other
 I use the hand rail for balance
 I use the hand rail to pull myself up
 I cannot climb stairs
6. How do you go down stairs? (check one)
 I go down stairs normally one foot in front of the other
 I use the hand rail for balance
 I use the hand rail to support myself
 I cannot come down stairs
7. How do you get out of a chair? (check one)
 I get out of a chair normally without support
 I use the arm rests for balance
 I use the arm rests to push myself
 I cannot get out of a chair
8. What type of support do you use when walking? (check one)
 None
 Cane
 2 Canes
 Crutches
 Walker