

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