



RIGHT KNEE

LEFT KNEE

Today's Date: _____

KNEE PAIN : Questionnaire

1. Please indicate the severity of your knee pain by marking the line below

PAIN SCORE 0-10 NUMERICAL RATING

0-10 Numerical Rating Scale

0 1 2 3 4 5 6 7 8 9 10

No Pain Moderate Pain Worst Possible Pain

2. PATIENT REPORTED OUTCOME MEASURE – OXFORD KNEE SCORE

Please circle one correct answer for each question of your experience **during the last 4 weeks**:

1. How would you describe the pain you usually have in your knee?
 - a. None
 - b. Very Mild
 - c. Mild
 - d. Moderate
 - e. Severe

2. Have you had any trouble washing and drying yourself (all over) because of your knee?
 - a. No trouble at all
 - b. Very little trouble
 - c. Moderate trouble
 - d. Extreme difficulty
 - e. Impossible to do

3. Have you had any trouble getting in and out of the car or using public transport because of your knee? (with or without a stick)
 - a. No trouble at all
 - b. Very little trouble
 - c. Moderate trouble
 - d. Extreme difficulty
 - e. Impossible to do

4. For how long are you able to walk before the pain in your knee becomes severe? (with or without a stick)
 - a. No pain >60 minutes
 - b. 16-60 minutes
 - c. 5-15 minutes
 - d. Around the house only
 - e. Not at all—severe on walking

5. After a meal (sat at a table), how painful has it been for you to stand up from a chair because of your knee?
 - a. Not at all painful
 - b. Slightly painful
 - c. Moderately painful
 - d. Very painful
 - e. Unbearable

6. Have you been limping when walking, because of your knee?
 - a. Rarely / never
 - b. Sometimes or just at first
 - c. Often, not just at first
 - d. Most of the time
 - e. All of the time

7. Could you kneel down and get up again afterwards?
 - a. Yes, easily
 - b. With little difficulty
 - c. With moderate difficulty
 - d. With extreme difficulty
 - e. No, impossible

8. Are you troubled by pain in your knee at night in bed?
- a. Not at all
 - b. Only one or two nights
 - c. Some nights
 - d. Most nights
 - e. Every night
9. How much has pain from your knee interfered with your usual work?
(including housework)
- a. Not at all
 - b. A little bit
 - c. Moderately
 - d. Greatly
 - e. Totally
10. Have you felt that your knee might suddenly give away or let you down?
- a. Rarely / never
 - b. Sometimes or just at first
 - c. Often, not at first
 - d. Most of the time
 - e. All the time
11. Could you do the household shopping on your own?
- a. Yes, easily
 - b. With little difficulty
 - c. With moderate difficulty
 - d. With extreme difficulty
 - e. No, impossible
12. Could you walk down a flight of stairs?
- a. Yes, easily
 - b. With little difficulty
 - c. With moderate difficulty
 - d. With extreme difficulty
 - e. No, impossible

END OF SURVEY