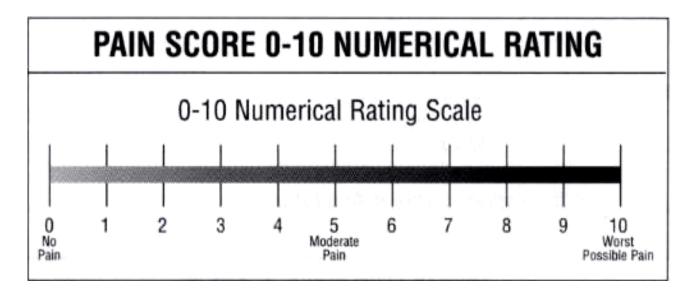
RIGHT KNEE	LEFT KNEE
Today's Date:	

## **KNEE PAIN: Questionnaire**

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



## 2. PATIENT REPORTED OUTCOME MEASURE – OXFORD KNEE SCORE

Please <u>circle</u> 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 be cause 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**