



Oxford Knee Score (OKS)

Today Date: / /

Patient's Full Name:

Date of Birth:

Surgery Date:

Side of Procedure:

- RHS**-Right Hand Side
- LHS**- Left hand Side
- Bilateral**-Both Sides

Evaluation Type:

- Pre- Operative (Before Surgery)
- 8 Weeks Post- Operative (After Surgery)
- 6 Months Post- Operative (After Surgery)
- ____ Years Post- Operative (After Surgery)

1. How would you describe the pain you usually have in your knee? (please tick 1)

- NONE
- Very Mild
- Mild
- Moderate
- Severe

2. How long can you walk for before the pain in yourknee becomes severe (with or without walking aid)?(please tick 1)

- NO PAIN- for 30 minutes or more
- PAIN- 16 to 30 minutes
- PAIN- 5 to 15 minutes
- Around the house only
- Not at all

3. After sitting for a meal, how painful is it to stand up because of your knee? (please tick 1)

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

4. Have you been troubled by your pain from your knee in bed at night? (please tick 1)

- No Nights
- Only 1 Or 2 Nights
- Some Nights
- A Little Bit
- Every Night

5. How much has pain from your knee interfered with your usual work, including housework? (please tick 1)

- Not at All
- A Little Bit
- Moderately
- Greatly
- Totally



Today Date: / /

6. Could you walk down a flight of stairs? (please tick1)

- Yes, easily
- With little difficulty
- With moderate difficulty
- With extreme difficulty
- No, impossible

7. Have you been limping when walking because of your knee? (please tick 1)

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

8. Have you felt that your knee might suddenly 'give way' or let you down? (please tick 1)

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

9. Could you kneel-down and get up again afterwards?(please tick 1)

- Yes, easily
- With little difficulty
- With moderate difficulty
- With extreme difficulty
- No, impossible

10. Have you had any trouble with washing and drying yourself, all over, because of your knee? (please tick 1)

- No trouble at all
- Very little trouble
- Moderate trouble
- Extreme difficulty
- No, impossible

11. Have you had any trouble getting in and out of the car or using public transport, because of your knee? (please tick 1)

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

12. Could you do the household shopping on your own? (please tick 1)

- Yes, easily
- With little difficulty
- With moderate difficulty
- With extreme difficulty
- No, impossible