



Clinician's Name (or ref) .....

Patient's Name (or ref) .....

Please answer the following 12 multiple choice questions

**During the past 4 weeks**

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

<input type="checkbox"/> None
<input type="checkbox"/> Very mild
<input type="checkbox"/> Mild
<input type="checkbox"/> Moderate
<input type="checkbox"/> Severe

**7. Could you Kneel down and get up again afterwards?**

<input type="checkbox"/> Yes, easily
<input type="checkbox"/> With little difficulty
<input type="checkbox"/> With moderate difficulty
<input type="checkbox"/> With extreme difficulty
<input type="checkbox"/> No, impossible

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

<input type="checkbox"/> No trouble at all
<input type="checkbox"/> Very little trouble
<input type="checkbox"/> Moderate trouble
<input type="checkbox"/> Extreme difficulty
<input type="checkbox"/> Impossible to do

**8. Are you troubled by pain in your knee at night in bed?**

<input type="checkbox"/> Not at all
<input type="checkbox"/> Only one or two nights
<input type="checkbox"/> Some Nights
<input type="checkbox"/> Most nights
<input type="checkbox"/> Every night

**3. Have you had any trouble getting in and out of a car or using public transport because of your knee? (with or without a stick)**

<input type="checkbox"/> No trouble at all
<input type="checkbox"/> Very little trouble
<input type="checkbox"/> Moderate trouble
<input type="checkbox"/> Extreme difficulty
<input type="checkbox"/> Impossible to do

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

<input type="checkbox"/> Not at all
<input type="checkbox"/> A little bit
<input type="checkbox"/> Moderately
<input type="checkbox"/> Greatly
<input type="checkbox"/> Totally

**4. For how long are you able to walk before the pain in your knee becomes severe? (With or without a stick)**

<input type="checkbox"/> No pain > 60min
<input type="checkbox"/> 16 - 60 minutes
<input type="checkbox"/> 5 - 15 minutes
<input type="checkbox"/> Around the house only
<input type="checkbox"/> Not at all - severe on walking

**10. Have you felt that your knee might suddenly 1/2 give away - 1/2 or let you down?**

<input type="checkbox"/> Rarely / Never
<input type="checkbox"/> Sometimes or just at first
<input type="checkbox"/> Often, not at first
<input type="checkbox"/> Most of the time
<input type="checkbox"/> All the time

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

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

**11. Could you do household shopping on your own**

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

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

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

**12. Could you walk down a flight of stairs?**

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

**The Oxford Knee Score is 60**

### Grading for the Oxford Knee Score

**Score 0 to 19**

May indicate severe knee arthritis. It is highly likely that you may well require some form of surgical intervention, contact your family physician for a consult with an Orthopaedic Surgeon.

**Score 20 to 29**

May indicate moderate or severe knee arthritis. See your family physician for an assessment and x-ray. Consider a consult with an Orthopaedic Surgeon.

**Score 30 to 39**

May indicate mild to moderate knee arthritis. Consider seeing your family physician for an assessment and possible x-ray. You may benefit from non-surgical treatment, such as exercise, weight loss, and / or anti-inflammatory medication.

**Score 40 to 48**

May indicate satisfactory joint function. May not require any formal treatment.

## POST OPERATION

Time since surgery :

2 weeks

6 weeks

1 year

### Patient Satisfaction Scale:-



VERY UNHAPPY



UNHAPPY



EQUIVOCAL



HAPPY



VERY HAPPY