VALIDATED QUESTIONNAIRE

OXFORD KNEE QUESTIONNAIRE

When answering the questions please only consider how you have been getting on during the past four weeks

1. **How would you describe the pain you have usually from your left/right knee?** **Score**

☐ None	**1**
☐ Very mild	**2**
☐ Mild	**3**
☐ Mild Moderate	**4**
☐ Severe	**5**

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

☐ No trouble at all	**1**
☐ Very little trouble	**2**
☐ Moderate trouble	**3**
☐ Extreme difficulty	**4**
☐ Impossible to do	**5**

3 **Have you had any trouble getting in and out of a car or using public transport because of your left/right knee? (whichever you tend to use)**

☐ No trouble at all	**1**
☐ Very little trouble	**2**
☐ Moderate trouble	**3**
☐ Extreme difficulty	**4**
☐ Impossible to do	**5**

4 **If you were to kneel down could you stand up afterwards?**

☐ Yes, easily	**1**
☐ With little difficulty	**2**
☐ With moderate difficulty	**3**
☐ With extreme difficulty	**4**
☐ No, impossible	**5**

5. **Have you been able to do your household shopping on your own?** **Score**

☐ Yes, easily	**1**
☐ With little difficulty	**2**
☐ With moderate difficulty	**3**
☐ With extreme difficulty	**4**
☐ No, impossible	**5**

6. **For how long have you been able to walk before the pain from your left/right knee became severe? (with or without a stick)**

☐ No pain, even after more than 30 minutes	**1**
☐ 16 to 30 minutes	**2**
☐ 5 to 15 minutes	**3**
☐ Around the house only	**4**
☐ Unable to walk at all	**5**

7. **Have you been able to walk down a flight of stairs?**

☐ Yes, easily	**1**
☐ With little difficulty	**2**
☐ With moderate difficulty	**3**
☐ With extreme difficulty	**4**
☐ No, impossible	**5**

8. **After a meal (sat at a table), how painful has it been for you to stand up from a chair because of your left/right knee?** **1**

☐ Not at all painful	**2**
☐ Slightly painful	**3**
☐ Moderately painful	**4**
☐ Very painful	**5**
☐ Unbearable	

VALIDATED QUESTIONNAIRE

		Score
9.	**Have you been limping when walking, because of your left/right knee?**	
	☐ Rarely / never	**1**
	☐ Sometimes or just at first	**2**
	☐ Often, not just at first	**3**
	☐ Most of the time	**4**
	☐ All of the time	**5**
10.	**Have you felt that your right/left knee might suddenly "give way" or let you down?**	
	☐ Rarely / never	**1**
	☐ Sometimes or just at first	**2**
	☐ Often, not just at first	**3**
	☐ Most of the time	**4**
	☐ All of the time	**5**
11.	**How much pain from your left/right knee interfered with your usual work (including housework)?**	
	☐ Not at all	**1**
	☐ A little bit	**2**
	☐ Moderately	**3**
	☐ Greatly	**4**
	☐ Totally	**5**
12.	**Have you been troubled by pain from your left / right knee in bed at night?**	
	☐ No nights	**1**
	☐ Only 1 or 2 nights	**2**
	☐ Some nights	**3**
	☐ Most nights	**4**
	☐ Every nights	**5**