Covenant HealthCare
1447 North Harrison
Saginaw, MI 48602

ASSESSMENT/OXFORD KNEE

PF03062 (R 2/14)

PATIENT I.D.

1. How would you describe the pain in your knee?
   _____none
   _____very mild
   _____mild
   _____moderate
   _____severe

2. Have you had any trouble washing and drying (all over) because of your knee?
   _____No trouble at all
   _____Very little trouble
   _____Moderate trouble
   _____Extremely Difficulty
   _____Impossible to do

3. Have you had any trouble getting in or out of the car or using public transport because of your knee? (with or without a cane)
   _____No trouble at all
   _____Very little trouble
   _____Moderate trouble
   _____Extremely difficult
   _____Impossible to do

4. For how long are you able to walk before the pain in your knee becomes severe? (with or without a cane)
   _____No pain > 60 min
   _____16-60 minutes
   _____5 – 15 minutes
   _____Around the house only
   _____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?
   _____Not at all painful
   _____Slightly painful
   _____Moderately painful
   _____Very painful
   _____Unbearable

6. Have you been limping when walking because of your knees?
   _____Rarely/Never
   _____Sometimes or just at first
   _____Often, not just at first
   _____Most of the time
   _____All of the time

7. Could you kneel down and get up again afterwards?
   _____Yes, easily
   _____With little difficulty
   _____With moderate difficulty
   _____Extreme difficulty
   _____No, impossible

8. Are you troubled by pain in your knee at night in bed?
   _____Not at all
   _____Only one or two nights
   _____Some nights
   _____Most nights
   _____Every night

9. How much has pain from your knee interfered with your usual work? (including housework)
   _____Not at all
   _____A little bit
   _____Moderately
   _____Greatly
   _____Totally

10. Have you felt that your knee might suddenly give way or let you down?
    _____Rarely/Never
    _____Sometimes or just at first
    _____Often, not at first
    _____Most of the time
    _____All of the time

11. Could you do household shopping on your own?
    _____Yes, easily
    _____With little difficulty
    _____With moderate difficulty
    _____With extreme difficulty
    _____No, impossible

12. Could you walk down a flight of stairs?
    _____Yes, easily
    _____With little difficulty
    _____With moderate difficulty
    _____With extreme difficulty
    _____No, impossible

Therapist Signature: _____ Date: _____ Time: _____

Patient Signature: _____ Date: _____ Time: _____