NHS Redditch and Bromsgrove Clinical Commissioning Group

NHS South Worcestershire Clinical Commissioning Group

NHS Wyre Forest Clinical Commissioning Group

PROBLEMS WITH YOUR KNEE ?

Your Details			
GP Practice:		**GP:**	
Your Name:		**Your Date of Birth:**	
Your Address:		**Your Contact Telephone Number:**	
Your NHS Number:		**Date You Completed This Questionnaire:**	

During the Past 4 weeks…					Tick one box for each question
1	How would you describe the pain you usually have from your knee?				
	None ☐ **(4)**	Very Mild ☐ **(3)**	Mild ☐ **(2)**	Moderate ☐ **(1)**	Severe ☐ **(0)**
2	Have you had any trouble with washing and drying yourself (all over) because of your knee?				
	No Trouble At All ☐ **(4)**	Very Little Trouble ☐ **(3)**	Moderate Trouble ☐ **(2)**	Extreme Difficulty ☐ **(1)**	Impossible To Do ☐ **(0)**
3	Have you had any trouble getting in and out of a car or using public transport because of your knee? *(whichever you would normally use)*				
	No Trouble At All ☐ **(4)**	Very Little Trouble ☐ **(3)**	Moderate Trouble ☐ **(2)**	Extreme Difficulty ☐ **(1)**	Impossible To Do ☐ **(0)**
4	For how long have you been able to walk before pain from your knee becomes **severe**? *(with or without walking aid like a stick/frame)*				
	No Pain/ More Than 30 Minutes ☐ **(4)**	16 to 30 Minutes ☐ **(3)**	5 to 15 Minutes ☐ **(2)**	Around the House Only ☐ **(1)**	Not At All Pain Severe When Walking ☐ **(0)**
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 ☐ **(4)**	Slightly Painful ☐ **(3)**	Moderately Painful ☐ **(2)**	Very Painful ☐ **(1)**	Unbearable ☐ **(0)**

Please Turn Over – More Questions Overleaf…

6	Have you been limping when walking, <u>because of your knee</u>?				
	Rarely/ Never	Sometimes Or Just At First	Often, Not Just At First	Most Of The Time	All Of The Time
	☐ **(4)**	☐ **(3)**	☐ **(2)**	☐ **(1)**	☐ **(0)**
7	**Could** you kneel down and get up again afterwards?				
	Very Easily	With Little Trouble	With Moderate Difficulty	With Extreme Difficulty	No Impossible
	☐ **(4)**	☐ **(3)**	☐ **(2)**	☐ **(1)**	☐ **(0)**
8	Have you been troubled by <u>pain from your knee</u> in bed at night?				
	No Nights	Only 1 or 2 Nights	Some Nights	Most Nights	Every Night
	☐ **(4)**	☐ **(3)**	☐ **(2)**	☐ **(1)**	☐ **(0)**
9	How much has <u>pain from your knee</u> interfered with your usual work (*including housework)*?				
	Not At All	A Little Bit	Moderately	Greatly	Totally
	☐ **(4)**	☐ **(3)**	☐ **(2)**	☐ **(1)**	☐ **(0)**
10	Have you felt that your knee might suddenly “give way” or let you down?				
	Rarely/ Never	Sometimes Or Just At First	Often Not Just At First	Most Of The Time	All Of The Time
	☐ **(4)**	☐ **(3)**	☐ **(2)**	☐ **(1)**	☐ **(0)**
11	**Could** you do the household shopping <u>on your own</u>?				
	Yes Easily	With Little Difficulty	With Moderate Difficulty	With Extreme Difficulty	No Impossible
	☐ **(4)**	☐ **(3)**	☐ **(2)**	☐ **(1)**	☐ **(0)**
12	**Could** you walk down one flight of stairs?				
	Yes Easily	With Little Difficulty	With Moderate Difficulty	With Extreme Difficulty	No Impossible
	☐ **(4)**	☐ **(3)**	☐ **(2)**	☐ **(1)**	☐ **(0)**

Thank you for completing this questionnaire, please give this sheet to the Physiotherapist or Reception\your GP at your practice

For Practice Use Only	
Calculated Oxford Hip Score For Patient Name:	