HERTFORDSHIRE 31-39
QUESTIONNAIRE FOR KNEE OA STUDY

Name _____ **Serial No** ☐☐☐/☐☐☐☐

Section A – WOMAC (Pain)

Instructions to patients

The following questions concern the amount of pain you have experienced due to arthritis in your **knees**. For each situation please enter the amount of pain experienced in the **last 48 hours**. (Please mark your answer with a tick ' 4').

Question: How much pain do you have?

1. Walking on a flat surface

None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme ☐

2. Going up or down stairs

None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme ☐

3. At night while in bed

None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme ☐

4. Sitting or lying

None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme ☐

5. Standing upright

None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme ☐

Section B – EUROQOL

Instructions to patients

Please describe which statement best describes your own health **today**.
Please mark your answer with a tick '4'.

Mobility

(please tick **one** box **only**)

I have no problems in walking about ☐
I have some problems in walking about ☐
I am confined to bed ☐

Self-Care

(please tick **one** box **only**)

I have no problems with self-care ☐
I have some problems washing or dressing myself ☐
I am confined to bed ☐

Usual activities (eg. Work, study, housework, family or leisure activities)

(please tick **one** box **only**)

I have no problems performing my usual activities ☐
I have some problems performing my usual activities ☐
I am unable to perform my usual activities ☐

Pain/Discomfort

(please tick **one** box **only**)

I have no pain or discomfort ☐
I have moderate pain or discomfort ☐
I extreme pain or discomfort ☐

Anxiety/Depression

(please tick **one** box **only**)

I am not anxious or depressed ☐
I am moderately anxious or depressed ☐
I am extremely anxious or depressed ☐

Section C - Joint Problems

Instructions to patients

Please mark with a tick `4' those statements that apply to you.

	No	*Yes*
1. Have you had pain in or around your **right** knee on most days in the last month?	☐	☐

	Never	*Occasionally*	*Most nights*
1(a). If **YES**, does it ever wake you at night?	☐	☐	☐

	No	*Yes*
2. Have you had pain in or around your **left** knee on most days in the last month?	☐	☐

	Never	*Occasionally*	*Most nights*
2(a). If **YES**, does it ever wake you at night?	☐	☐	☐

	No	*Yes*
3. Have you ever had an injury to your knee bad enough to impair weight bearing for a week or more?	☐	☐

	Left	*Right*	*Both*
3(a). If **YES**, which knee?	☐	☐	☐

4. Have you ever had any of the following procedures performed on your knee(s) for osteoarthritis?

If **YES**, please indicate which knee	*No*	*Yes*		*Left*	*Right*	*Both*
(a). Steroid injection	☐	☐	**IF YES**	☐	☐	☐
(b) Cartilage operation	☐	☐		☐	☐	☐
(c) Knee washout/lavage/arthroscopy	☐	☐		☐	☐	☐
(d) Knee replacement	☐	☐		☐	☐	☐

	No	*Yes*
5.Have you ever been told you have osteoarthritis (degeneration/wear and tear) of your knee(s) by a doctor?	☐	☐

	No	*Yes*
6.Has any member of your family suffered from knee osteoarthritis (knee degeneration or wear and tear)?	☐	☐

If yes, what relation to you are they?

Grandparent	☐
Mother	☐
Father	☐
Sister/Brother	☐
Your child	☐
Other	☐

Section D - Occupation

Instructions to patients

Please mark with a tick `4' those statements that apply to you for the main job (or job that included the most bending, lifting, squatting, kneeling) you had during your working life.

1. In an average working day did you	*No*	*Yes*	*Don't know*
a) Sit for more than two hours in total?	☐	☐	☐
b) Stand or walk for more than two hours in total?	☐	☐	☐
c) Kneel for more than one hour in total?	☐	☐	☐
d) Squat for more than one hour in total?	☐	☐	☐
e) Drive for more than four hours in total?	☐	☐	☐
f) Walk more than two miles in total?	☐	☐	☐
g) Climb more than 30 flights of stairs?	☐	☐	☐

2. In the course of your work, how often on average did you lift or carry weights of 20 lbs (10kg) or more? [Equivalent to 2x5kg bags of potatoes]

Never	Less than once per week	1 to 10 times per week	More than 10 times per week
☐	☐	☐	☐

3. In the course of your work, how often on average did you lift or carry weights of 56 lbs (25kg) or more? [Equivalent to half a bag of cement]

Never	Less than once per week	1 to 10 times per week	More than 10 times per week
☐	☐	☐	☐

4. In the course of your work, how often on average did you lift or carry weights of 1 cwt (112 lbs, 50kg) or more? [Equivalent to 1 bag of cement]

Never	Less than once per week	1 to 10 times per week	More than 10 times per week
☐	☐	☐	☐

5. In the course of your work, how often on average did you lift or carry weights of 2 cwt (224lbs, 100kg) or more? [Equivalent to 2 bags of cement]

Never	Less than once per week	1 to 10 times per week	More than 10 times per week
☐	☐	☐	☐