

WOMAC OSTEOARTHRITIS INDEX VERSION LK3.1

INSTRUCTIONS TO PATIENTS

In Sections A, B, and C questions are asked in the following format. Please mark your answers by putting an "X" in one of the boxes.

EXAMPLES:

1. If you put your "X" in the box on the far left as shown below,

none	mild	moderate	severe	extreme
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

then you are indicating that you feel **no** pain.

2. If you put your "X" in the box on the far right as shown below,

none	mild	moderate	severe	extreme
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

then you are indicating that you feel **extreme** pain.

3. Please note:

- a) that the further to the right you place your "X", the **more** pain you feel.
- b) that the further to the left you place your "X", the **less** pain you feel.
- c) **please do not** place your "X" **outside any of the boxes**.

You will be asked to indicate on this type of scale the amount of pain, stiffness or disability you have felt during the last 48 hours.

Think about your _____ (study joint) when answering the questions. Indicate the severity of your pain and stiffness and the difficulty you have in doing daily activities that you feel are caused by the arthritis in your _____ (study joint).

Your study joint has been identified for you by your health care professional. If you are unsure which joint is your study joint, please ask before completing the questionnaire.

Section A

PAIN

Think about the pain you felt in your _____ (study joint) caused by your arthritis during the last 48 hours.

(Please mark your answers with an "X".)

QUESTION: **How much pain have you had . . .**

1. when walking on a flat surface?

none
☐

mild
☐

moderate
☐

severe
☐

extreme
☐

2. when going up or down stairs?

none
☐

mild
☐

moderate
☐

severe
☐

extreme
☐

3. at night while in bed? (that is - pain that disturbs your sleep)

none
☐

mild
☐

moderate
☐

severe
☐

extreme
☐

4. while sitting or lying down?

none
☐

mild
☐

moderate
☐

severe
☐

extreme
☐

5. while standing?

none
☐

mild
☐

moderate
☐

severe
☐

extreme
☐

Study Coordinator
Use Only

PAIN1 _____

PAIN2 _____

PAIN3 _____

PAIN4 _____

PAIN5 _____

Section B

STIFFNESS

Think about the stiffness (not pain) you felt in your _____ (study joint) caused by the arthritis during the last 48 hours.

Stiffness is a sensation of **decreased** ease in moving your joint.

(Please mark your answers with an "X".)

6. How **severe** has your stiffness been **after you first woke up** in the morning?

none
☐

mild
☐

moderate
☐

severe
☐

extreme
☐

7. How **severe** has your stiffness been after sitting or lying down or while resting **later in the day**?

none
☐

mild
☐

moderate
☐

severe
☐

extreme
☐

Study Coordinator
Use Only

STIFF6 _____

STIFF7 _____

Section C

DIFFICULTY PERFORMING DAILY ACTIVITIES

Think about the difficulty you had in doing the following daily physical activities caused by the arthritis in your _____ (study joint) during the last 48 hours. By this we mean **your ability to move around and take care of yourself**. (Please mark your answers with an "X".)

QUESTION: **How much difficulty have you had . . .**

8. when going down the stairs?

none mild moderate severe extreme
☐ ☐ ☐ ☐ ☐

9. when going up the stairs?

none mild moderate severe extreme
☐ ☐ ☐ ☐ ☐

10. when getting up from a sitting position?

none mild moderate severe extreme
☐ ☐ ☐ ☐ ☐

11. while standing?

none mild moderate severe extreme
☐ ☐ ☐ ☐ ☐

12. when bending to the floor?

none mild moderate severe extreme
☐ ☐ ☐ ☐ ☐

13. when walking on a flat surface?

none mild moderate severe extreme
☐ ☐ ☐ ☐ ☐

Study Coordinator
Use Only

PFTN8 _____

PFTN9 _____

PFTN10 _____

PFTN11 _____

PFTN12 _____

PFTN13 _____

DIFFICULTY PERFORMING DAILY ACTIVITIES

Think about the difficulty you had in doing the following daily physical activities caused by the arthritis in your _____ (study joint) during the last 48 hours. By this we mean **your ability to move around and take care of yourself**. (Please mark your answers with an "X".)

QUESTION: How much difficulty have you had . . .

14. getting in or out of a car, or getting on or off a bus?

none mild moderate severe extreme
☐ ☐ ☐ ☐ ☐

15. while going shopping?

none mild moderate severe extreme
☐ ☐ ☐ ☐ ☐

16. when putting on your socks or panty hose or stockings?

none mild moderate severe extreme
☐ ☐ ☐ ☐ ☐

17. when getting out of bed?

none mild moderate severe extreme
☐ ☐ ☐ ☐ ☐

18. when taking off your socks or panty hose or stockings?

none mild moderate severe extreme
☐ ☐ ☐ ☐ ☐

19. while lying in bed?

none mild moderate severe extreme
☐ ☐ ☐ ☐ ☐

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PFTN14 _____

PFTN15 _____

PFTN16 _____

PFTN17 _____

PFTN18 _____

PFTN19 _____

DIFFICULTY PERFORMING DAILY ACTIVITIES

Think about the difficulty you had in doing the following daily physical activities caused by the arthritis in your _____ (study joint) during the last 48 hours. By this we mean **your ability to move around and take care of yourself**. (Please mark your answers with an "X".)

QUESTION: How much difficulty have you had . . .

20. when getting in or out of the bathtub?

none

☐

mild

☐

moderate

☐

severe

☐

extreme

☐

21. while sitting?

none

☐

mild

☐

moderate

☐

severe

☐

extreme

☐

22. when getting on or off the toilet?

none

☐

mild

☐

moderate

☐

severe

☐

extreme

☐

23. while doing heavy household chores?

none

☐

mild

☐

moderate

☐

severe

☐

extreme

☐

24. while doing light household chores?

none

☐

mild

☐

moderate

☐

severe

☐

extreme

☐

Study Coordinator
Use Only

PFTN20 _____

PFTN21 _____

PFTN22 _____

PFTN23 _____

PFTN24 _____