

Your Full Name: _____
_____/_____/_____

Today's Date:

Month Day Year

WOMAC OSTEOARTHRITIS INDEX

1. The following questions concern the amount of pain you are currently experiencing in your knees. For each situation, please enter the amount of pain you have experienced in the past 48 hours.

None mild moderate severe extreme

- A. Walking on a flat surface A.
- B. Going up or down stairs B.
- C. At night while in bed C.
- D. Sitting or lying D.
- E. Standing upright E.

2. Please describe the level of pain you have experienced in the past 48 hours for each one of your knees.

None mild moderate severe extreme

- A. Right knee A.
- B. Left knee B.

3. How severe is your stiffness after first awakening in the morning?

None mild moderate severe extreme

4. How severe is your stiffness after sitting, lying, or resting later in the day?

None mild moderate severe extreme

5. The following questions concern your physical function. By this we mean your ability to move around and to look after yourself. For each of the following activities, please indicate the degree of difficulty you have experienced in the last 48 hours, in your knees.

What degree of difficulty do you have with:

None mild moderate severe extreme

- A. Descending (going down) stairs A.
- B. Ascending (going up) stairs B.
- C. Rising from sitting C.
- D. Standing D.
- E. Bending to floor E.
- F. Walking on a flat surface F.
- G. Getting in/out of car G.
- H. Going shopping H.
- I. Putting on socks/stockings I.
- J. Rising from bed J.
- K. Taking off socks/stockings K.
- L. Lying in bed L.
- M. Getting in/out of bath M.
- N. Sitting N.
- O. Getting on/off toilet O.
- P. Heavy domestic duties (mowing the lawn, lifting heavy grocery bags) P.
- Q. Light domestic duties (such as tidying a room, dusting, cooking) Q.