

WOMAC OSTEOARTHRITIS INDEX

PAIN

The following questions concern the amount of pain you are currently experiencing in your knees. Indicate the level of knee pain associated with:

	None	Mild	Moderate	Severe	Extreme
Walking on a flat surface	0	1	2	3	4
Going up or down stairs	0	1	2	3	4
At night while lying in bed	0	1	2	3	4
Sitting or lying	0	1	2	3	4
Standing upright	0	1	2	3	4

STIFFNESS

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

None	Mild	Moderate	Severe	Extreme
0	1	2	3	4

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

None	Mild	Moderate	Severe	Extreme
0	1	2	3	4

PHYSICAL FUNCTION

The following questions concern your physical function.

By this we mean your ability to move around and look after yourself.

What degree of difficulty do you have:

	None	Mild	Moderate	Severe	Extreme
Descending (going down stairs)	0	1	2	3	4
Ascending (going up stairs)	0	1	2	3	4
Rising from sitting	0	1	2	3	4
Standing	0	1	2	3	4
Bending to floor	0	1	2	3	4
Walking on flat surfaces	0	1	2	3	4
Getting in/out of car	0	1	2	3	4
Going shopping	0	1	2	3	4
Rising from bed	0	1	2	3	4
Taking of socks/stockings	0	1	2	3	4
Sitting	0	1	2	3	4
Getting on/off toilet	0	1	2	3	4
Heavy duties (mowing lawn)	0	1	2	3	4
Light duties (cleaning/cooking)	0	1	2	3	4

Name: _____ Date: _____