

Figure H1. The Womac Osteoarthritis Index

WOMAC OSTEOARTHRITIS INDEX VERSION LK3.0

INSTRUCTIONS TO PATIENTS

In sections A, B, and C questions will be asked in the following format and you should give your answers by putting an "X" in one of the boxes.

NOTE:

1. If you put your "X" in the left-hand box, i.e.

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 have no pain.

2. If you put your "X" in the right-hand box, i.e.

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 your pain is extreme.

3. Please note:

- that the further to the right you place your "X" the more pain you are experiencing.
- that the further to the left you place your "X" the less pain you are experiencing.
- please do not place your "X" outside the box.

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

Remember the further you place your "X" to the right, the more pain, stiffness or disability you are indicating that you experienced. Finally, please note that you are to complete the questionnaire with respect to your study joint(s). You should think about your study joint(s) when answering the questionnaire, i.e., you should indicate the severity of your pain, stiffness and physical disability that you feel is caused by arthritis in your study joint(s). Your study joint(s) has been identified for you by your health care professional. If you are unsure which joint(s) is your study joint, please ask before completing the questionnaire.

Section A

INSTRUCTIONS TO PATIENTS

The following questions concern the amount of pain you have experienced due to arthritis in your study joint(s). For each situation please enter the amount of pain experienced in the last 48 hours (Please mark your answers with an "X".)

1. Walking on a flat surface.

None	Mild	Moderate	Severe	Extreme	PAIN 1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

2. Going up or down stairs.

None	Mild	Moderate	Severe	Extreme	PAIN 2
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

3. At night while in bed.

None	Mild	Moderate	Severe	Extreme	PAIN 3
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

4. Sitting or lying.

None	Mild	Moderate	Severe	Extreme	PAIN 4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

5. Standing upright.

None	Mild	Moderate	Severe	Extreme	PAIN 5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section B

INSTRUCTIONS TO PATIENTS

The following questions concern the amount of joint stiffness (not pain) you have experienced in the last 48 hours in your study joint(s). Stiffness is a sensation of restriction or slowness in the ease with which you move your joints. (Please mark your answers with an "X".)

6. How severe is your stiffness after first wakening in the morning?

None	Mild	Moderate	Severe	Extreme	STIFF6
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

None	Mild	Moderate	Severe	Extreme	STIFF7
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section C

INSTRUCTIONS TO PATIENTS

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 due to arthritis in your study joint(s). (Please mark your answers with an "X".)

QUESTION: What degree of difficulty do you have?

8. Descending stairs.

None	Mild	Moderate	Severe	Extreme	PFTN8
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

9. Ascending stairs.

None	Mild	Moderate	Severe	Extreme	PFTN9
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

10. Rising from sitting.

None	Mild	Moderate	Severe	Extreme	PFTN10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

11. Standing.

None	Mild	Moderate	Severe	Extreme	PFTN11
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

12. Bending to floor.

None	Mild	Moderate	Severe	Extreme	PFTN12
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

13. Walking on flat

None	Mild	Moderate	Severe	Extreme	PFTN13
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

14. Getting in/out of car.

None	Mild	Moderate	Severe	Extreme	PFTN14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

15. Going shopping.

None	Mild	Moderate	Severe	Extreme	PFTN15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

16. Putting on socks/stockings.
None Mild Moderate Severe Extreme **PFTN16**
17. Rising from bed.
None Mild Moderate Severe Extreme **PFTN17**
18. Taking off socks/stockings.
None Mild Moderate Severe Extreme **PFTN18**
19. Lying in bed.
None Mild Moderate Severe Extreme **PFTN19**
20. Getting in/out of bath.
None Mild Moderate Severe Extreme **PFTN20**
21. Sitting.
None Mild Moderate Severe Extreme **PFTN21**
22. Getting on/off toilet.
None Mild Moderate Severe Extreme **PFTN22**
23. Heavy domestic duties.
None Mild Moderate Severe Extreme **PFTN23**
24. Light domestic duties.
None Mild Moderate Severe Extreme **PFTN24**

THANK YOU FOR COMPLETING THE QUESTIONNAIRE