



# WOMAC - Knee

eform v 3.1

Patient Name: \_\_\_\_\_

Side:  Left

Patient ID: \_\_\_\_\_

Right

Date of review:         (complete either the date of review or the follow up period below)

Follow up period: Pre Op OR \_\_\_\_\_ Weeks / Months / Years (add the delay and circle one)

**Patients - please place an X in one box on each line to indicate your response to that question.**

These questions concern the amount of pain you are currently experiencing due to arthritis in your knees. For each situation please enter the amount of pain recently experienced.

How much pain 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

These questions concern the amount of joint stiffness (not pain) you are currently experiencing due to arthritis in your knees. Stiffness is a sensation of restriction or slowness in the use with which you move your joints.

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

None  Mild  Moderate  Severe  Extreme

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

None  Mild  Moderate  Severe  Extreme



These 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 are currently experiencing due to arthritis.

What degree of difficulty do you have with ...

**8. Descending stairs**

None  Mild  Moderate  Severe  Extreme

**9. Ascending stairs**

None  Mild  Moderate  Severe  Extreme

**10. Rising from sitting**

None  Mild  Moderate  Severe  Extreme

**11. Standing**

None  Mild  Moderate  Severe  Extreme

**12. Bending to floor**

None  Mild  Moderate  Severe  Extreme

**13. Walking on flat**

None  Mild  Moderate  Severe  Extreme

**14. Getting out / in of car**

None  Mild  Moderate  Severe  Extreme

**15. Going shopping**

None  Mild  Moderate  Severe  Extreme

**16. Putting on socks/stockings**

None  Mild  Moderate  Severe  Extreme

**17. Rising from bed**

None  Mild  Moderate  Severe  Extreme

**18. Taking off socks/stockings**

None  Mild  Moderate  Severe  Extreme



These 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 are currently experiencing due to arthritis.

What degree of difficulty do you have with ...

**19. Lying in a bed**

None       Mild       Moderate       Severe       Extreme

**20. Getting in / out a bath or shower**

None       Mild       Moderate       Severe       Extreme

**21. Sitting**

None       Mild       Moderate       Severe       Extreme

**22. Getting on /off toilet**

None       Mild       Moderate       Severe       Extreme

**23. Heavy domestic duties**

None       Mild       Moderate       Severe       Extreme

**24. Light domestic duties**

None       Mild       Moderate       Severe       Extreme