WOMAC Osteoarthritis Index LK3.1 (IK)

INSTRUCTIONS TO PATIENTS

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

EXAMPLES:

1. If you put your “✓” in the box on the far left as shown below,
   none mild moderate severe extreme
   ✓ □ □ □
   then you are indicating that you feel no pain.

2. If you put your “✓” in the box on the far right as shown below,
   none mild moderate severe extreme
   □ □ □ □ ✓
   then you are indicating that you feel extreme pain.

3. Please note:
   a) that the further to the right you place your “✓”, the more pain you feel.
   b) that the further to the left you place your “✓”, the less pain you feel.
   c) please do not place your “✓” 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 knee to be injected 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 knee to be injected.

Your knee to be injected has been identified for you by your health care professional. If you are unsure which knee is to be injected, please ask before completing the questionnaire.
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Section A

PAIN

Think about the pain you felt during the last 48 hours caused by the arthritis in your knee to be injected.

(Please mark your answers with an “✗”.)

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 □
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Section B

STIFFNESS

Think about the stiffness (not pain) you felt during the last 48 hours caused by the arthritis in your knee to be injected.

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

(Please mark your answers with an “✗”).

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
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Section C

DIFFICULTY PERFORMING DAILY ACTIVITIES

Think about the difficulty you had in doing the following daily physical activities during the last 48 hours caused by the arthritis in your knee to be injected. By this we mean your ability to move around and take care of yourself.

(Please mark your answers with an “✓”.)

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
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DIFFICULTY PERFORMING DAILY ACTIVITIES

Think about the difficulty you had in doing the following daily physical activities during the last 48 hours caused by the arthritis in your knee to be injected. By this we mean your ability to move around and take care of yourself.

(Please mark your answers with an “✗”.)

<table>
<thead>
<tr>
<th>QUESTION: How much difficulty have you had . . .</th>
</tr>
</thead>
<tbody>
<tr>
<td>14. getting in or out of a car, or getting on or off a bus?</td>
</tr>
<tr>
<td>none mild moderate severe extreme</td>
</tr>
<tr>
<td>✗ ✗ ✗ ✗ ✗ ✗</td>
</tr>
<tr>
<td>15. while going shopping?</td>
</tr>
<tr>
<td>none mild moderate severe extreme</td>
</tr>
<tr>
<td>✗ ✗ ✗ ✗ ✗ ✗</td>
</tr>
<tr>
<td>16. when putting on your socks or panty hose or stockings?</td>
</tr>
<tr>
<td>none mild moderate severe extreme</td>
</tr>
<tr>
<td>✗ ✗ ✗ ✗ ✗ ✗</td>
</tr>
<tr>
<td>17. when getting out of bed?</td>
</tr>
<tr>
<td>none mild moderate severe extreme</td>
</tr>
<tr>
<td>✗ ✗ ✗ ✗ ✗ ✗</td>
</tr>
<tr>
<td>18. when taking off your socks or panty hose or stockings?</td>
</tr>
<tr>
<td>none mild moderate severe extreme</td>
</tr>
<tr>
<td>✗ ✗ ✗ ✗ ✗ ✗</td>
</tr>
<tr>
<td>19. while lying in bed?</td>
</tr>
<tr>
<td>none mild moderate severe extreme</td>
</tr>
<tr>
<td>✗ ✗ ✗ ✗ ✗ ✗</td>
</tr>
</tbody>
</table>
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DIFFICULTY PERFORMING DAILY ACTIVITIES

Think about the difficulty you had in doing the following daily physical activities during the last 48 hours caused by the arthritis in your knee to be injected. 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 □