

Care Medical Center

2804 C. North Oak Street

Valdosta, GA 31602

(229) 241-8925

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
1. Walking on a flat surface	0	1	2	3	4
2. Going up or down stairs	0	1	2	3	4
3. At night while in bed	0	1	2	3	4
4. Sitting or lying	0	1	2	3	4
5. 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 to 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 a flat surface	0	1	2	3	4
Getting in/out of car	0	1	2	3	4
Going shopping	0	1	2	3	4
Putting on socks/stockings	0	1	2	3	4
Rising from bed	0	1	2	3	4
Taking off socks/stockings	0	1	2	3	4
Lying in bed	0	1	2	3	4
Getting in/out of bath	0	1	2	3	4
Sitting	0	1	2	3	4
Getting on/off toilet	0	1	2	3	4
Heavy duties (mowing the lawn)	0	1	2	3	4
Light duties (cleaning, cooking)	0	1	2	3	4

Name: _____

Date: _____