WOMAC Survey Form

Name: _____ Date: _____

Instructions: In sections A, B, and C, questions will be asked about your hip or knee pain. Please mark each response with an X. If you are unsure about how to answer a question, please give the best answer you can.

A. How much pain do you have (during the last 48 hours)?

	None	Mild	Moderate	Severe	Extreme
1. Walking on a flat surface	☐	☐	☐	☐	☐
2. Going up and down stairs	☐	☐	☐	☐	☐
3. At night while in bed, pain disturbs your sleep	☐	☐	☐	☐	☐
4. Sitting or lying	☐	☐	☐	☐	☐
5. Standing upright	☐	☐	☐	☐	☐

B. Think about the stiffness (not pain) you have in your hip/knee during the last 48 hours.

	None	Mild	Moderate	Severe	Extreme
6. How severe is your stiffness after first awakening in the morning?	☐	☐	☐	☐	☐
7. How severe is your stiffness after sitting, lying, or resting in the day?	☐	☐	☐	☐	☐

C. Think about the difficulty you had in doing the following daily physical activities due to your hip/knee during the last 48 hours.

	None	Mild	Moderate	Severe	Extreme
8. Descending stairs	☐	☐	☐	☐	☐
9. Ascending stairs	☐	☐	☐	☐	☐
10. Rising from sitting	☐	☐	☐	☐	☐
11. Standing	☐	☐	☐	☐	☐
12. Bending to the floor	☐	☐	☐	☐	☐
13. Walking on flat surfaces	☐	☐	☐	☐	☐
14. Getting in and out of a car, or on or off a bus	☐	☐	☐	☐	☐
15. Going shopping	☐	☐	☐	☐	☐
16. Putting your socks or stockings	☐	☐	☐	☐	☐
17. Rising from the bed	☐	☐	☐	☐	☐
18. Taking off your socks or stockings	☐	☐	☐	☐	☐
19. Lying in bed	☐	☐	☐	☐	☐
20. Getting in or out of the bath	☐	☐	☐	☐	☐
21. Sitting	☐	☐	☐	☐	☐
22. Getting on or off the toilet	☐	☐	☐	☐	☐
23. Performance heavy domestic duties	☐	☐	☐	☐	☐
24. Performing light domestic duties	☐	☐	☐	☐	☐

PATIENT ASSESSMENT QUESTIONAIRE — KNEE

Name: _____ Date: _____ **(Please circle responses)**

1. Have you had pain recently (within the last 3 months) on the affected knee?

Right Knee:	**Yes / No**					
If yes,	**location:**	Inner	Outer	Front	Back	Allover
	Severity:	None	Mild	Moderate	Severe	Excruciating
	Frequency:	Never	Rarely	Occasionally	Frequently	Always
Left Knee:	**Yes / No**					
If yes,	**location:**	Inner	Outer	Front	Back	Allover
	Severity:	None	Mild	Moderate	Severe	Excruciating
	Frequency:	Never	Rarely	Occasionally	Frequently	Always

2. Do you hear any noises coming from your knee? No Right knee Left knee Both knees
If yes, is it associated with pain? Yes / No

3. Do you limp? Never Rarely Occasionally Frequently Always
If yes, because of your? right knee / left knee / both knees

4. Do you have difficulty with:

a. putting on socks/shoes?	None	Slight	Moderate	Great	Unable
b. personal care (toilet, bathing, etc)	None	Slight	Moderate	Great	Unable
c. household activities (cleaning, etc)	None	Slight	Moderate	Great	Unable
d. getting in and out of a car?	None	Slight	Moderate	Great	Unable
e. kneeling?	None	Slight	Moderate	Great	Unable
f. squatting?	None	Slight	Moderate	Great	Unable
g. sitting on your heels?	None	Slight	Moderate	Great	Unable

5. How much assistance do you need with going up and down stairs?
None cane/crutch/banister 2 crutches walker/someone's assistance Unable

6. How far can you walk?
Unlimited 10+ blocks 4-10 blocks 1-3 blocks Housebound

7. Please select your favorite recreational activities and how often you would participate in them:

a. Walking (>1 mile)	Never	Rarely	Occasionally	Frequently	Always
b. Running	Never	Rarely	Occasionally	Frequently	Always
c. Swimming	Never	Rarely	Occasionally	Frequently	Always
d. Gym Workout	Never	Rarely	Occasionally	Frequently	Always
e. Tennis	Never	Rarely	Occasionally	Frequently	Always
f. Golf	Never	Rarely	Occasionally	Frequently	Always
g. Gardening	Never	Rarely	Occasionally	Frequently	Always
h. Other:_____	Never	Rarely	Occasionally	Frequently	Always

How often does your affected knee influence or prohibit the performance of these activities?
Never Rarely Occasionally Frequently Always

8. How often does your affected knee influence your social activities?
Never Rarely Occasionally Frequently Always

9. How often does your knee pain influence your sense of well being?
Never Rarely Occasionally Frequently Always

10. Please Rate your degree of satisfaction with your ability to use your knee.

Unsatisfied 0 1 2 3 4 5 6 7 8 9 10 Fully Satisfied