

Date: _____

Name: _____

ID: ____/____/____

KNEE CONSULTATION QUESTIONNAIRE

Womac Osteoarthritis Index

Pain: The following questions concern the amount of pain you are currently experiencing in your knees. Indicates the level of pain associated with:

	None	Mild	Moderate	Severe	Extreme
1. Walking on flat surface	0	1	2	3	4
2. 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: 1.) How severe is your stiffness after first awakening in the morning?

None	Mild	Moderate	Severe	Extreme
0	1	2	3	4

2.) 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 with:

	None	Mild	Moderate	Severe	Extreme
1. Descending Stairs	0	1	2	3	4
2. Ascending Stairs	0	1	2	3	4
3. Rising from sitting	0	1	2	3	4
4. Standing	0	1	2	3	4
5. Bending to the floor	0	1	2	3	4
6. Walking on a flat surface	0	1	2	3	4
7. Getting in/out of car	0	1	2	3	4
8. Going shopping	0	1	2	3	4
9. Putting on socks	0	1	2	3	4
10. Rising from bed	0	1	2	3	4
11. Taking off socks	0	1	2	3	4
12. Lying in bed	0	1	2	3	4
13. Getting in / out of bath	0	1	2	3	4
14. Sitting	0	1	2	3	4
15. Getting on /off toilet	0	1	2	3	4
16. Heavy duties (moving)	0	1	2	3	4
17. Light duties (cleaning)	0	1	2	3	4