

Western Ontario and McMaster Universities Osteoarthritis Index

Instructions for completion of this questionnaire:

- Please answer **EVERY** question with **ONE** answer to the best of your ability.
- For each of the following activities please indicate the degree of pain, stiffness, and function that you have experienced in the **LAST WEEK**:

PATIENT NAME: _____

DATE OF BIRTH: _____

DATE: _____

BODY PART: _____

How would you rate your knee today as a percentage of normal (0% to 100%), with 100% being normal?

WOMAC

Pain- Please answer based on the amount of pain you have had with the following activities in the last week.

Pain	None (0)	Mild (1)	Moderate (2)	Severe (3)	Extreme (4)
When walking on a flat surface	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When going up or down stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At night while in bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
While sitting or lying down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
While standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total (max 20):

Stiffness- Stiffness is a sensation of restriction or slowness in the ease with which you move your knee joint.

Stiffness	None (0)	Mild (1)	Moderate (2)	Severe (3)	Extreme (4)
Morning stiffness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After sitting , lying, resting <i>later in day</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total (max 8):

Function- Please indicate the degree of difficulty you have experienced in the last week due to your knee.

Physical Function	None (0)	Mild (1)	Moderate (2)	Severe (3)	Extreme (4)
Descending stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ascending stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rising from sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bending to floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking on a flat surface	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting in or out of the car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Putting on socks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rising from bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking off socks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lying in bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting on chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting on floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting on or off the toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heavy domestic duties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Light domestic duties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total: (Max 68):

Tegner Activity Scale

The instrument scores a person's activity level between 0 and 10 where 0 is 'on sick leave/disability' and 10 is 'participation in competitive sports such as soccer at a "national elite" level. Please select the most appropriate activity level from the list below for both before your injury and your current activity level.

Activity Level Before Injury _____

Current Activity Level _____

Level 10	Competitive sports- soccer, football, rugby (national elite)
Level 9	Competitive sports- soccer, football, rugby (lower divisions), ice hockey, wrestling, gymnastics, basketball
Level 8	Competitive sports- racquetball or bandy, squash or badminton, track and field athletics (jumping, etc.), down-hill skiing
Level 7	Competitive sports- tennis, running, motorcars speedway, handball Recreational sports- soccer, football, rugby, bandy, ice hockey, basketball, squash, racquetball, running
Level 6	Recreational sports- tennis and badminton, handball, racquetball, down-hill skiing, jogging at least 5 times per week
Level 5	Work- heavy labor (construction, etc.) Competitive sports- cycling, cross-country skiing, Recreational sports- jogging on uneven ground at least twice weekly
Level 4	Work - moderately heavy labor (e.g. truck driving, etc.)
Level 3	Work - light labor (nursing, etc.)
Level 2	Work - light labor Walking on uneven ground possible, but impossible to back pack or hike
Level 1	Work - sedentary (secretarial, etc.)
Level 0	Sick leave or disability pension because of knee problems

For staff use ONLY:

SCORING:

The scores are summed for items in each subscale, with possible ranges as follows: pain=0-20, stiffness=0-8, physical function=0-68. a total WOMAC score is created by summing the items for all three subscales (max score 96). Finally, raw scores are normalized by multiplying each score by 1.04 (100/9) to create a percentage out of 100.

WOMAC score: (sum of items x 1.04)
(0-96)= pain:20, stiffness:8, function:68

WOMAC score= _____%

Higher scores indicate worse pain, stiffness, and functional limitations.
(0= no pain, stiffness, or functional loss)

Tegner Activity Scale

Before Injury Activity Level= _____
Current Activity Level= _____

SANE (Single Assessment Numeric Evaluation):

_____%

STATISTICAL DATA:

Pain: MDC - (minimal detectable change): 13 pts

MCID (minimal clinically important difference):

Symptom: MDC

MCID – (minimal clinically important difference): 12 pts