

## WOMAC Score

Patient's name (or ref) .....

Clinician's name (or ref) .....

Patient's d.o.b.   

**INSTRUCTIONS:** This survey asks for your view about your knee. This information will help us keep track of how you feel about your knee and how well you are able to do your usual activities.

Answer every question by ticking the appropriate box. If you are unsure about how to answer a question, please give the best answer you can.

### Symptoms - These questions should be answered thinking of your knee symptoms during the last week.

S1. Do you have swelling in your knee?

 Never       Rarely       Sometimes       Often       Always

S2. Do you feel grinding, hear clicking or any other type of noise when your knee moves?

 Never       Rarely       Sometimes       Often       Always

S3. Does your knee catch or hang up when moving?

 Never       Rarely       Sometimes       Often       Always

S4. Can you straighten your knee fully?

 Never       Rarely       Sometimes       Often       Always

S5. Can you bend your knee fully?

 Never       Rarely       Sometimes       Often       Always

**Stiffness** - The following questions concern the amount of joint stiffness you have experienced during the last week in your knee. Stiffness is a sensation of restriction or slowness in the ease with which you move your knee joint.

S6. How severe is your knee joint stiffness after first wakening in the morning?

 None       Mild       Moderate       Severe       Extreme

S7. How severe is your knee stiffness after sitting, lying or resting later in the day?

 None       Mild       Moderate       Severe       Extreme

### Pain1

P1. How often do you experience knee pain?

 Never       Monthly       Weekly       Daily       Always

What amount of knee pain have you experienced the last week during the following activities?

P2. Twisting/pivoting on your knee

 None       Mild       Moderate       Severe       Extreme

P3. Straightening knee fully

None       Mild       Moderate       Severe       Extreme

P4. Bending knee fully

None       Mild       Moderate       Severe       Extreme

P5. Walking on flat surface

None       Mild       Moderate       Severe       Extreme

P6. Going up or down stairs

None       Mild       Moderate       Severe       Extreme

P7. At night while in bed

None       Mild       Moderate       Severe       Extreme

P8. Sitting or lying

None       Mild       Moderate       Severe       Extreme

P9. Standing upright

None       Mild       Moderate       Severe       Extreme

**Function, daily living** - The following questions concern your physical function. By this we mean your ability to move around and to look after yourself. For each of the following activities please indicate the degree of difficulty you have experienced in the **last week** due to your knee.

A1. Descending stairs

None       Mild       Moderate       Severe       Extreme

A2. Ascending stairs

None       Mild       Moderate       Severe       Extreme

For each of the following activities please indicate the degree of difficulty you have experienced in the **last week** due to your knee.

A3. Rising from sitting

None       Mild       Moderate       Severe       Extreme

A4. Standing

None       Mild       Moderate       Severe       Extreme

A5. Bending to floor/pick up an object

None  Mild  Moderate  Severe  Extreme

A6. Walking on flat surface

None  Mild  Moderate  Severe  Extreme

A7. Getting in/out of car

None  Mild  Moderate  Severe  Extreme

A8. Going shopping

None  Mild  Moderate  Severe  Extreme

A9. Putting on socks/stockings

None  Mild  Moderate  Severe  Extreme

A10. Rising from bed

None  Mild  Moderate  Severe  Extreme

A11. Taking off socks/stockings

None  Mild  Moderate  Severe  Extreme

A12. Lying in bed (turning over, maintaining knee position)

None  Mild  Moderate  Severe  Extreme

A13. Getting in/out of bath

None  Mild  Moderate  Severe  Extreme

A14. Sitting

None  Mild  Moderate  Severe  Extreme

A15. Getting on/off toilet

None  Mild  Moderate  Severe  Extreme

For each of the following activities please indicate the degree of difficulty you have experienced in the last week due to your knee

A16. Heavy domestic duties (moving heavy boxes, scrubbing floors, etc)

Never  Rarely  Sometimes  Often  Always

A17. Light domestic duties (cooking, dusting, etc)

Never       Rarely       Sometimes       Often       Always

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Thank you very much for completing all the questions in this questionnaire.

          

To save this data please print or

**The Womac score is 0**

Nb: This page cannot be saved due to patient data protection so please print the filled in form before closing the window.

**Reference for Score:** Roos EM, Roos HP, Lohmander LS, Ekdahl C, Beynnon BD. Knee Injury and Osteoarthritis Outcome Score (KOOS)--development of a self-administered outcome measure. J Orthop Sports Phys Ther. 1998 Aug;28(2):88-96. [Link](#)

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