

**DRAFT**

SWOG

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**S1200 WESTERN ONTARIO AND MCMASTER UNIVERSITIES  
OSTEOARTHRITIS (WOMAC) INDEX (VERSION 3.1)**

SWOG Patient ID       SWOG Study No.  S  1  2  0  0 Registration Step  1

Patient Initials \_\_\_\_\_ (L, F M) Date of Completion:  /  /

Planned Assessment:  Baseline  6-week visit  12-week visit  24-week visit  52-week visit

Institution/Affiliate \_\_\_\_\_ Physician \_\_\_\_\_

**Instructions:** You will be asked to complete this form at time of registration and at 6 weeks, 12 weeks, 24 weeks, and 52 weeks post-registration. All dates are **MONTH, DAY, YEAR**. Thank you for your participation on this study.

**Section A: PAIN**

Think about the pain you felt during the past week caused by your joints. For each of the following questions, select the number between "0" and "10" that best describes the amount of pain you have experienced by putting an  in the box next to that number.

Question: **How much pain have you had...**

**1. when walking on a flat surface?**

0  1  2  3  4  5  6  7  8  9  10  
No Pain Extreme Pain

**2. when going up or down stairs?**

0  1  2  3  4  5  6  7  8  9  10  
No Pain Extreme Pain

**3. at night while in bed? (that is - pain that disturbs your sleep)**

0  1  2  3  4  5  6  7  8  9  10  
No Pain Extreme Pain

**4. while sitting or lying down?**

0  1  2  3  4  5  6  7  8  9  10  
No Pain Extreme Pain

**5. while standing?**

0  1  2  3  4  5  6  7  8  9  10  
No Pain Extreme Pain

**Section B: STIFFNESS**

Think about the stiffness (not pain) you felt during the past week caused by your joints. Stiffness is a sensation of decreased ease in moving your joint. For each of the following questions, select the number between "0" and "10" that best describes the amount of stiffness you have experienced by putting an  in the box next to that number.

**6. How severe has your stiffness been after you first woke up in the morning?**

0  1  2  3  4  5  6  7  8  9  10  
No Stiffness Extreme Stiffness

**7. How severe has your stiffness been after sitting or lying down while resting later in the day?**

0  1  2  3  4  5  6  7  8  9  10  
No Stiffness Extreme Stiffness

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Section C: **DIFFICULTY PERFORMING DAILY ACTIVITIES**

Think about the difficulty you had doing the following daily physical activities during the past week caused by your joints. By this we mean **your ability to move around and take care of yourself**. For each of the following questions, select the number between "0" and "10" that best describes the amount of **difficulty** you have experienced by putting an  in the box next to that number.

Question: **How much difficulty have you had...**

- 8. **when going down the stairs?**  
 0  1  2  3  4  5  6  7  8  9  10  
No Difficulty Extreme Difficulty
- 9. **when going up the stairs?**  
 0  1  2  3  4  5  6  7  8  9  10  
No Difficulty Extreme Difficulty
- 10. **when getting up from a sitting position?**  
 0  1  2  3  4  5  6  7  8  9  10  
No Difficulty Extreme Difficulty
- 11. **while standing?**  
 0  1  2  3  4  5  6  7  8  9  10  
No Difficulty Extreme Difficulty
- 12. **when bending to the floor?**  
 0  1  2  3  4  5  6  7  8  9  10  
No Difficulty Extreme Difficulty
- 13. **when walking on a flat surface?**  
 0  1  2  3  4  5  6  7  8  9  10  
No Difficulty Extreme Difficulty
- 14. **getting in or out of a car, or getting on or off a bus?**  
 0  1  2  3  4  5  6  7  8  9  10  
No Difficulty Extreme Difficulty
- 15. **while going shopping?**  
 0  1  2  3  4  5  6  7  8  9  10  
No Difficulty Extreme Difficulty
- 16. **when putting on your socks or panty hose or stockings?**  
 0  1  2  3  4  5  6  7  8  9  10  
No Difficulty Extreme Difficulty

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**17. when getting out of bed?**  
 0  1  2  3  4  5  6  7  8  9  10  
No Difficulty Extreme Difficulty

**18. when taking off your socks or panty hose or stockings?**  
 0  1  2  3  4  5  6  7  8  9  10  
No Difficulty Extreme Difficulty

**19. while lying in bed?**  
 0  1  2  3  4  5  6  7  8  9  10  
No Difficulty Extreme Difficulty

**20. when getting in or out of the bathtub?**  
 0  1  2  3  4  5  6  7  8  9  10  
No Difficulty Extreme Difficulty

**21. while sitting?**  
 0  1  2  3  4  5  6  7  8  9  10  
No Difficulty Extreme Difficulty

**22. when getting on or off the toilet?**  
 0  1  2  3  4  5  6  7  8  9  10  
No Difficulty Extreme Difficulty

**23. while doing heavy household chores?**  
 0  1  2  3  4  5  6  7  8  9  10  
No Difficulty Extreme Difficulty

**24. while doing light household chores?**  
 0  1  2  3  4  5  6  7  8  9  10  
No Difficulty Extreme Difficulty

Bellamy N. WOMAC: The WOMAC Knee and Hip Osteoarthritis Indices: Development, validation, globalization and influence on the development of the AUSCAN Hand Osteoarthritis Indices. Clin Exp Rheumatol 2005;23:(Suppl 39): 148-153./Bellamy N. WOMAC Osteoarthritis Index: User Guide. Queensland: CONROD, The University of Queensland; 2002./Theiler R, Spielberger J, Bischoff HA, et al. Clinical evaluation of the WOMAC 3.0 OA Index in numeric rating scale format using a computerized touch screen version. OsteoArthritis and Cartilage. 2002;10:479-481.