DataBiologics

WOMAC Patient Survey:

This survey asks for your opinion about your knee and helps us understand how well you are able to complete your usual activities. If you are uncertain about how to answer a question, please give the best answer you can.

Please circle the appropriate rating for each answer:

RATE YOUR PAIN WHEN...	None	Slight	Moderate	Severe	Extreme
Walking	0	1	2	3	4
Climbing Stairs	0	1	2	3	4
Sleeping at Night	0	1	2	3	4
Resting	0	1	2	3	4
Standing	0	1	2	3	4

RATE YOUR STIFFNESS IN THE...	None	Slight	Moderate	Severe	Extreme
Morning	0	1	2	3	4
Evening	0	1	2	3	4

RATE YOUR DIFFICULTY WHEN..	None	Slight	Moderate	Severe	Extreme
Descending stairs	0	1	2	3	4
Ascending stairs	0	1	2	3	4
Rising from sitting	0	1	2	3	4
Standing	0	1	2	3	4
Bending to floor	0	1	2	3	4

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Walking on even floor	0	1	2	3	4
Getting in/out of car	0	1	2	3	4
Going shopping	0	1	2	3	4
Putting on socks	0	1	2	3	4
Rising from bed	0	1	2	3	4
Taking off socks	0	1	2	3	4
Lying in bed	0	1	2	3	4
Getting in/out of bath	0	1	2	3	4
Sitting	0	1	2	3	4
Getting on/off toilet	0	1	2	3	4
Doing light domestic duties (cooking, dusting)	0	1	2	3	4
Doing heavy domestic duties (moving furniture)	0	1	2	3	4