



Hydrogel

JOINT INJECTION CLINIC

PATIENT NAME

DOB

WESTERN ONTARIO AND MCMASTER OSTEOARTHRITIS INDEX (WOMAC)

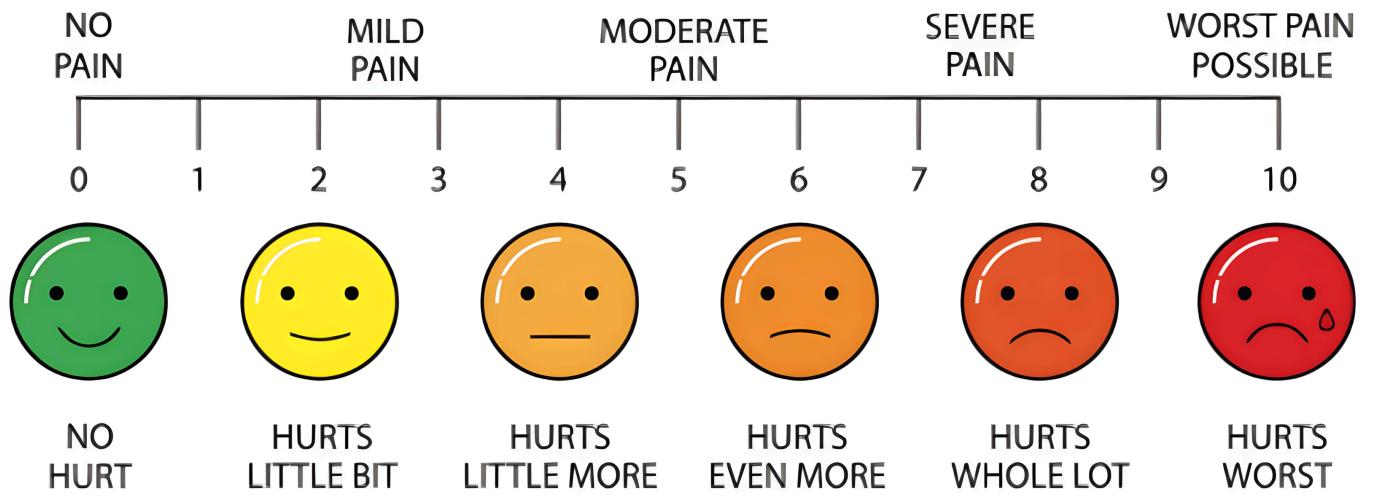
Please circle the appropriate rating for each item.

RATE YOUR PAIN WHEN...		NONE	SLIGHT	MODERATE	SEVERE	EXTREME	HOSPITAL USE ONLY
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	HOSPITAL USE ONLY
Morning		0	1	2	3	4	
Evening		0	1	2	3	4	
RATE YOUR DIFFICULTY WHEN...		NONE	SLIGHT	MODERATE	SEVERE	EXTREME	HOSPITAL USE ONLY
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	
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	
PATIENT SIGNATURE					DATE		TOTAL
REVIEWED BY PHYSICAL THERAPIST					DATE		WOMAC TOTAL SCORE /96



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Faces Pain Scale



Visual Analog Scale (VAS)

