Appendix 2*: The Western Ontario Arthritis of the Shoulder (WOOS) Index

SECTION A: Physical Symptoms INSTRUCTIONS TO PATIENTS

The following questions concern the physical symptoms you have experienced due to your shoulder problem. In all cases, please enter the amount of the symptom you have experienced in the last week. (Please mark your answers with a slash "/".)

1. How much pain do you experience in your shoulder with movement?



2. How much constant, nagging pain do you have in your shoulder?



^{*}On the actual form the lines are 100-mm long.

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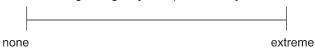
3. How much weakness do you experience in your shoulder?



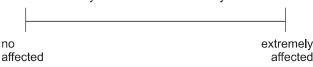
4. How much stiffness do you experience in your shoulder?

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no extreme stiffness stiffness
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5. How much grinding do you experience in your shoulder?



6. How much is your shoulder affected by the weather?



SECTION B: Sports/Recreation/Work INSTRUCTIONS TO PATIENTS

The following section concerns how your shoulder problem has affected your sports or recreational activities in the past week. For each question, please mark your answers with a slash "/".

7. How much difficulty do you experience working or reaching above shoulder level?



8. How much difficulty do you experience with lifting objects (eg. grocery bags, garbage can etc.) below shoulder level?



9. How much difficulty do you experience doing repetitive motions below shoulder level such as raking, sweeping or washing floors because of your shoulder?



10. How much difficulty do you experience pushing or pulling forcefully because of your shoulder?



11. How troubled are you by an increase in pain in your shoulder after activities?



not at

all

SECTION C: Lifestyle

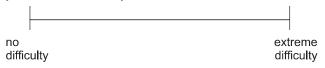
INSTRUCTIONS TO PATIENTS

The following section concerns the amount that your shoulder problem has affected or changed your lifestyle. Again, please indicate the appropriate amount for the past week with a slash "/".

12. How much difficulty do you have sleeping because of your shoulder?



13. How much difficulty have you experienced with styling your hair because of your shoulder?



14. How much difficulty do you have maintaining your desired level of fitness because of your shoulder?



15. How much difficulty do you experience reaching behind to tuck in a shirt, get a wallet from your back pocket or do up clothing because of your shoulder?



16. How much difficulty do you have dressing or undressing?



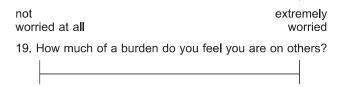
SECTION D: Emotions INSTRUCTIONS TO PATIENTS

The following questions relate to how you have felt in the past week with regard to your shoulder problem. Please indicate your answer with a slash "/".

17. How much frustration or discouragement do you feel because of your shoulder?



18. How worried are you about what will happen to your shoulder in the future?



extreme

burden