

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?

no pain |-----| extreme pain

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

no pain |-----| extreme pain

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

no weakness |-----| extreme weakness

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

no stiffness |-----| extreme stiffness

5. How much grinding do you experience in your shoulder?

none |-----| extreme

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

no affected |-----| extremely affected

**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?

no difficulty |-----| extreme difficulty

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

no difficulty |-----| extreme difficulty

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

no difficulty |-----| extreme difficulty

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

no difficulty |-----| extreme difficulty

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

not at all |-----| extremely troubled

*On the actual form the lines are 100-mm long.
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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?

no difficulty | extreme difficulty

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

no difficulty | extreme difficulty

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

no difficulty | extreme difficulty

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?

no difficulty | extreme difficulty

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

no difficulty | extreme difficulty

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?

no frustration | extreme frustration

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

not worried at all | extremely worried

19. How much of a burden do you feel you are on others?

not at all | extreme burden