



WESTERN ONTARIO
OSTEOARTHRITIS
OF THE SHOULDER
INDEX (WOOS)©

A quality of life measurement tool for patients with osteoarthritis of the shoulder

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INSTRUCTIONS TO PATIENTS

In the following questionnaire you will be asked to answer questions in the following format and you should give your answer by putting a slash “/” across the horizontal line.

NOTE:

1. If you put a slash “/” at the left end of the line i.e.



then you are indicating that you do not experience that situation.

2. If you put your a slash “/” at the right end of the line i.e.



then you are indicating that you experience that situation to an extreme degree.

3. Please note:

a) that the further to the right you put your slash “/”, the **more** you experience that symptom.

b) that the further to the left you put your slash “/”, the **less** you experience that symptom.

c) please do not place your slash “/” outside the end markers

You are asked to indicate on this questionnaire, the amount of a symptom have experienced in the past week as related to your problematic arm. If you are unsure about the shoulder that is involved or you have any other questions, please ask before filling out the questionnaire.

If for some reason you do not understand a question, please refer to the explanations that can be found at the end of the questionnaire. You can then place your slash “/” across the horizontal line at the appropriate place. **If an item does not pertain to you or you have not experienced it past week, please make your “best guess” as to which response would be most accurate.**

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?

none |-----| 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?

not affected |-----| extremely affected

SECTION B: Sports/Recreation/Work
INSTRUCTIONS TO PATIENTS

The following section concerns how your shoulder problem has affected your work, 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 with 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


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 styling your hair because of your shoulder?

no difficulty  extreme difficulty

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

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 ?

none |-----| extreme

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

not |-----| extremely
worried at all worried

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

none |-----| extreme
at all burden

THANK YOU FOR COMPLETING THE QUESTIONNAIRE

An Explanation of the Meaning of the Questions in the Osteoarthritis of the Shoulder Index

Section A: Physical Symptoms

Question 1

Refers to any sudden, catching or sharp pain that you feel when you move your arm.

Question 2.

Refers to the dull, background, lingering ache that is fairly constant as opposed to the sudden sharp pain referred to in the explanation for question 1.

Question 3.

Refers to the lack of strength to carry out a movement or activity.

Question 4.

Refers to the feeling of your shoulder not wanting to move or feeling “gelled” or stuck. This may be experienced in the morning after rising or after a period of inactivity.

Question 5.

Refers to any sound and/or feeling that you experience in your shoulder with movement often described as scraping, cracking, grating or grinding.

Question 6.

Many people feel that the pain or stiffness in their shoulder changes with the weather. Some feel it with a change in atmospheric pressure or temperature. Please consider all of these conditions.

Section B: Sports/Recreation/Work

Question 7.

Refers to any activity that requires you to lift your arm above shoulder height. This could be to change an overhead light bulb, clean a window, reach a high shelf, hang clothes in the closet or fold a large sheet.

Question 8.

This refers to lifting objects at any level below the shoulder like a bag of groceries, bowling ball, case of pop, garbage can, books, equipment at work or putting something in the oven.

Question 9.

Refers to doing a forward and back, or circular motion over and over again below the level of your shoulder.

Question 10.

Refers to any action that requires force in its execution such as pushing or pulling a heavy vacuum, opening or closing a heavy door or window, pulling plants out of the garden, pulling on socks, shifting gears in a car or moving furniture.

Question 11.

Refers to extra pain that you feel after doing activities that require the use of your shoulder.

Section C: Lifestyle

Question 12.

Refers to the effect your shoulder has on your regular sleeping habits such as having to change your sleeping position, waking up during the night, not being able to fall asleep, having trouble getting comfortable or waking up feeling unrested.

Explanation cont'd

Question 13.

Refers to anything you do with your hair such as daily combing, brushing or washing that requires you to lift you reach up to your hair with the arm of your problematic shoulder.

Question 14.

Refers to the level of fitness or activity that you maintained from before your shoulder became a problem to your present situation. Consider all activities that you feel contributed to your muscle tone, strength level or cardiovascular fitness such as bowling, fishing, walking, curling, boating, etc.

Question 15.

Refers to reaching behind to do up or undo a zipper or bra, reach your back pocket, scratch your back etc.

Question 16.

Refers to any problems putting on or taking off clothing, changing styles or sizes because of your shoulder, or changing the way you have to dress or undress because of your shoulder.

Section D: Emotions

Question 17.

Refers to any frustration that your shoulder has caused you. This could be frustration with your physical limitations or financial situation all related to your shoulder problem.

Question 18.

Refers to worrying about your shoulder getting worse instead of better or staying the same

Question 19.

Refers to feeling like you are imposing on others to help you with everyday tasks or things you used to be able to do yourself.

SCORING FOR QUALITY OF LIFE MEASUREMENT TOOL FOR OSTEOARTHRITIS OF THE SHOULDER (WOOS)

1. Measure the distance from the left side of the line and calculate the score out of 100 (recorded to the nearest 0.5 mm.). Write it into the space provided for that question.
2. You can calculate a total score for each domain (Physical Symptoms/600; Sports and Recreation/Work/500; Lifestyle/500; Emotions/300) or the total score for the domains can be summed for an aggregate score out of 1900.
3. Some find it more meaningful to report scores out of 100 i.e. a percentage of normal score. Since is the worst possible score is 1900, the aggregate score is subtracted from 1900 and divided by 19.
e.g. total aggregate score = 1625; $1900 - 1625 = 275 / 19 = 14.5\%$

physical symptoms

| |
|----------------|
| PS1 _____ |
| PS2 _____ |
| PS3 _____ |
| PS4 _____ |
| PS5 _____ |
| PS6 _____ |
| TOTAL _____ |

sports/recreation/work

| |
|----------------|
| S 7 _____ |
| S 8 _____ |
| S 9 _____ |
| S10 _____ |
| S11 _____ |
| TOTAL _____ |

lifestyle

| |
|----------------|
| L12 _____ |
| L13 _____ |
| L14 _____ |
| L15 _____ |
| L16 _____ |
| TOTAL _____ |

emotions

| |
|----------------|
| E17 _____ |
| E18 _____ |
| E19 _____ |
| TOTAL _____ |

summary

| |
|----------------|
| PS _____ |
| S _____ |
| L _____ |
| E _____ |
| TOTAL _____ |