

## APPENDIX

### A. Lequesne's functional index for OA of knee.

Assessment criteria	Score
A. Pain or discomfort	
a. During Nocturnal bedrest	
- only on movement or in certain positions	1
- also at rest	2
b. Morning stiffness or regressive pain after rising	
- more than 1 but less than 15 minutes	1
- 15 minutes or more	2
c. After standing for 30 minutes	
- Yes	1
d. Pain on movement	
- only after ambulating some distance	1
- after initial ambulation, not increasingly	1
- after initial ambulation, increasingly with continued ambulation	2
e. While getting up from sitting without the help of arms	
- Yes	1
B. Maximum walking distance	
- over 1 kilometer, but limited	1
- about 1 kilometer (15 minutes)	2
- 500-900 meters (8-15 minutes)	3
- 300-500 meters	4
- 100-300 meters	5
- less than 100 meters	6
C. Walking aids	
- one stick or crutch	1
- two sticks or crutch	2

D. Activities of daily living*	0 to 2
-Able to climb up a standard flight of stairs	0 to 2
-Able to climb down a standard flight of stairs	0 to 2
-Able to squat or bend on the knees	0 to 2
-Able to walk on uneven ground	

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\*: without difficulty: 0; with small difficulty: 0.5; moderate difficulty: 1; important difficulty: 1.5; unable: 2.

## B. WOMAC osteoarthritis index version LK 3.0

### Instructions to patients

In Sections A, B, and C, questions will be asked in the following format and you should give your answers by putting an 'X' in one of the boxes.

Note:

1. If you put your 'X' in the left-hand box, that is  
 None    Mild    Moderate    Severe    Extreme  
then you are indicating that you have no pain.
2. If you put your 'X' in the right-hand box, that is  
 None    Mild    Moderate    Severe    Extreme  
then you are indicating that your pain is extreme.
3. Please note;
  - (a) that the further to the right you place your 'X', the more pain you are experiencing;
  - (b) that the further to the left you place your 'X', the less pain you are experiencing;
  - (c) please do not place your 'X' outside the box.

You will be asked to indicate on this type of scale the amount of pain, stiffness, or disability you have experienced in the last 48 hours.

Remember, the further you place your 'X' to the right, the more pain, stiffness, or disability you are indicating that you experienced. Finally, please note that you are to complete the questionnaire with respect to your study joint(s). You should think about your study joint(s) when answering the questionnaire, that is, you should indicate the severity of your pain, stiffness, and physical disability that you feel is caused by arthritis in your study joint(s). Your study joint(s) has been identified for you by your health care professional. If you are unsure which joint(s) is your study joint, please ask before completing the questionnaire.

### Section A

#### Instructions to patients

The following questions concern the amount of pain you have experienced due to arthritis in your study joint(s). For each situation please enter the amount of pain experienced in the last 48 hours (Please mark your answers with an 'X').

Question: How much pain do you have ?

1. Walking on a flat surface.

None    Mild    Moderate    Severe    Extreme

2. Going up or down stairs.

None    Mild    Moderate    Severe    Extreme

3. At night while in bed.

None    Mild    Moderate    Severe    Extreme

4. Sitting or lying.

None    Mild    Moderate    Severe    Extreme

5. Standing upright.

None    Mild    Moderate    Severe    Extreme

### Section B

#### Instructions to patients

The following questions concern the amount of joint stiffness (not pain) you have experienced in the last 48 hours in your study joint(s). Stiffness is a sensation of restriction or slowness in the ease with which you move your joints. (Please mark your answers with an 'X'.)

6. How severe is your stiffness after first wakening in the morning ?

None    Mild    Moderate    Severe    Extreme

7. How severe is your stiffness after sitting, lying or resting later in the day ?

None    Mild    Moderate    Severe    Extreme

**Section C**  
**Instructions to patients**

The following questions concern your physical function. By this we mean your ability to move around and to look after yourself. For each of the following activities, please indicate the degree of difficulty you have experienced in the last 48 hours due to arthritis in your study joint(s). (Please mark your answers with an 'X'.)

Question : What degree of difficulty do you have ?

8. Descending stairs.

None     Mild     Moderate     Severe     Extreme

9. Ascending stairs.

None     Mild     Moderate     Severe     Extreme

10. Rising from sitting.

None     Mild     Moderate     Severe     Extreme

11. Standing.

None     Mild     Moderate     Severe     Extreme

12. Bending to floor.

None     Mild     Moderate     Severe     Extreme

13. Walking on flat.

None     Mild     Moderate     Severe     Extreme

14. Getting in/out of car.

None     Mild     Moderate     Severe     Extreme

15. Going shopping.

None     Mild     Moderate     Severe     Extreme

16. Putting on socks/stockings.

None     Mild     Moderate     Severe     Extreme

17. Rising from bed.

None     Mild     Moderate     Severe     Extreme

18. Taking off socks/stockings.

None     Mild     Moderate     Severe     Extreme

19. Lying in bed.

None    Mild    Moderate    Severe    Extreme

20. Getting in/out of bath.

None    Mild    Moderate    Severe    Extreme

21. Sitting.

None    Mild    Moderate    Severe    Extreme

22. Getting on/off toilet.

None    Mild    Moderate    Severe    Extreme

23. Heavy domestic duties.

None    Mild    Moderate    Severe    Extreme

24. Light domestic duties.

None    Mild    Moderate    Severe    Extreme

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THANK YOU FOR COMPLETING THE QUESTIONNAIRE

**VITA**

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