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LAMPIRAN

KUESIONER PENELITIAN

Nama Lengkap :

Umur :

Jenis kelamin : Laki-laki Perempuan

Pekerjaan :

Alamat :

No. Hp :

No. RM

Rumah Sakit :

Berat badan (Kg) :

Tinggi badan (cm) :

Keluhan :

Apakah anda memiliki riwayat diabetes melitus ? Ya / tidak

Jika “ya” tahun berapa pertama kali di diagnosa ?

Apakah anda memiliki riwayat trauma pada lutut (kecelakaan, terjatuh, lain-lain) :

Ya / tidak

Apakah anda memiliki riwayat OA sekunder : Ya / tidak

Hasil laboratorium :

Hasil radiologi foto lutut :

PEMERIKSAAN INDEKS WOMAC

KETERANGAN SKOR WOMAC

Skor	Nyeri	Kaku	Fungsi Fisik
0	Tidak nyeri	Tidak kaku	Tidak sulit
1	Nyeri ringan	Kaku ringan	Agak sulit
2	Nyeri sedang	Kaku sedang	Cukup sulit
3	Nyeri hebat	Kaku hebat	Sangat sulit
4	Nyeri sangat hebat	Kaku sampai terkunci	Sangat sulit sekali

No.	Pertanyaan	Skor
	Seberapa nyeri lutut yang Anda rasakan ketika...	
1.	Berjalan di permukaan yang rata	
2.	Naik atau turun tangga	
3.	Malam hari saat tidur	
4.	Duduk atau berbaring	
5.	Berdiri tegak	
	Seberapa berat kaku lutut yang anda rasakan ketika...	
1.	Setelah Anda berjalan di pagi hari	
2.	Setelah duduk, bangun tidur, dan setelah istirahat dalam sehari	
	Seberapa sukarkah Anda melakukan aktivitas berikut?	
1.	Turun tangga	
2.	Naik tangga	
3.	Berdiri dari duduk	
4.	Berdiri	
5.	Membungkuk menyentuh lantai	
6.	Berjalan di tempat datar	
7.	Naik atau turun dari kendaraan	
8.	Berbelanja	
9.	Memakai kaus kaki	
10.	Bangun dari tidur	
11.	Melepaskan kaus kaki	
12.	Berbaring di tempat tidur	
13.	Masuk atau keluar bak mandi (melangkah setinggi ± 50 cm)	
14.	Duduk	
15.	Buang air besar	
16.	Tugas berat	
17.	Tugas ringan	
	TOTAL SKOR	

Terimakasih atas kerjasama dan bantuannya.

Nama pekerja kesehatan ___