

The Western Ontario and McMaster Universities Osteoarthritis Index
(WOMAC)

Name: _____ Date: _____

Instructions: Please rate the activities in each category according to the following scale of difficulty: 0 = None, 1 = Slight, 2 = Moderate, 3 = Very, 4 = Extremely

Circle one number for each activity _____

Pain

1. Walking	0	1	2	3	4
2. Stair Climbing	0	1	2	3	4
3. Nocturnal	0	1	2	3	4
4. Rest	0	1	2	3	4
5. Weight bearing	0	1	2	3	4

Stiffness

1. Morning stiffness	0	1	2	3	4
2. Stiffness occurring later in the day	0	1	2	3	4

Physical Function

1. Descending stairs	0	1	2	3	4
2. Ascending stairs	0	1	2	3	4
3. Rising from sitting	0	1	2	3	4
4. Standing	0	1	2	3	4
5. Bending to floor	0	1	2	3	4
6. Walking on flat surface	0	1	2	3	4
7. Getting in / out of car	0	1	2	3	4
8. Going shopping	0	1	2	3	4
9. Putting on socks	0	1	2	3	4
10. Lying in bed	0	1	2	3	4
11. Taking off socks	0	1	2	3	4
12. Rising from bed	0	1	2	3	4
13. Getting in/out of bath	0	1	2	3	4
14. Sitting	0	1	2	3	4
15. Getting on/off toilet	0	1	2	3	4
16. Heavy domestic duties	0	1	2	3	4
17. Light domestic duties	0	1	2	3	4

Total Score: _____ / 96 = _____%

Comments / Interpretation (to be completed by therapist only):