

The Western Ontario and McMaster Universities Osteoarthritis Index (WOMAC)

Name _____ Date of Birth _____ Today's Date _____

Height _____ ft. _____ in. Weight _____ lbs.

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):