

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 Check **one number** for each activity

		0	1	2	3	4
Pain	1. Walking					
	2. Stair Climbing					
	3. Nocturnal					
	4. Rest					
	5. Weight bearing					
Stiffness	1. Morning stiffness					
	2. Stiffness occurring later in the day					
Physical Function	1. Descending stairs					
	2. Ascending stairs					
	3. Rising from sitting					
	4. Standing					
	5. Bending to floor					
	6. Walking on flat surface					
	7. Getting in / out of car					
	8. Going shopping					
	9. Putting on socks					
	10. Lying in bed					
	11. Taking off socks					
	12. Rising from bed					
	13. Getting in/out of bath					
	14. Sitting					
	15. Getting on/off toilet					
	16. Heavy domestic duties					
	17. Light domestic duties					

Total Score: _____ / 96 * 100 = _____ %

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