

**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):