

**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):