

The Western Ontario and McMaster Universities Osteoarthritis Index (WOMAC)

Name: _____ Date: _____

Please rate each activity by clicking the drop-down menu and selecting the appropriate response.

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

Total Score: _____ / 96 = _____ %

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

Signature: _____ Date: _____