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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)

Please rate your present pain. (No Pain) 0----1----2----3----4----5----6----7----8----9----10 (Worst Possible)

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):

