

PATIENT NAME	DOB
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**WESTERN ONTARIO AND
MCMASTER OSTEOARTHRITIS INDEX (WOMAC)**

Please circle the appropriate rating for each item.



RATE YOUR PAIN WHEN...	NONE	SLIGHT	MODERATE	SEVERE	EXTREME
Walking	0	1	2	3	4
Climbing Stairs	0	1	2	3	4
Sleeping at night	0	1	2	3	4
Resting	0	1	2	3	4
Standing	0	1	2	3	4

OFFICE USE
TOTAL

RATE YOUR STIFFNESS IN THE...	NONE	SLIGHT	MODERATE	SEVERE	EXTREME
Morning	0	1	2	3	4
Evening	0	1	2	3	4

OFFICE USE
TOTAL

RATE YOUR DIFFICULTY WHEN...	NONE	SLIGHT	MODERATE	SEVERE	EXTREME
Descending stairs	0	1	2	3	4
Ascending stairs	0	1	2	3	4
Rising from sitting	0	1	2	3	4
Standing	0	1	2	3	4
Bending to floor	0	1	2	3	4
Walking on even floor	0	1	2	3	4
Getting in/out of car	0	1	2	3	4
Going shopping	0	1	2	3	4
Putting on socks	0	1	2	3	4
Rising from bed	0	1	2	3	4
Taking off socks	0	1	2	3	4
Lying in bed	0	1	2	3	4
Getting in/out of bath	0	1	2	3	4
Sitting	0	1	2	3	4
Getting on/off toilet	0	1	2	3	4
Doing light domestic duties (cooking, dusting)	0	1	2	3	4
Doing heavy domestic duties (moving furniture)	0	1	2	3	4

OFFICE USE
TOTAL

PATIENT SIGNATURE	DATE
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PHYSICIAN SIGNATURE	DATE
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WOMAC TOTAL SCORE /96

**WOMAC OSTEOARTHRITIS INDEX
QUESTIONNAIRE**