



WESTERN ONTARIO MENISCAL EVALUATION TOOL (WOMET)

A disease specific quality of life measurement tool for patients with meniscal lesions
A. Kirkley
S. Griffin

INSTRUCTIONS TO PATIENTS

In Sections A, B, C, and D you will be asked to answer questions in the following format and you should give your answer by putting a “/” slash on the horizontal line.

NOTE:

1. If you put a “/” slash at the left end of the line i.e.



then you are indicating that you have no pain.

2. If you put your “/” slash at the right end of the line i.e.



then you are indicating that your pain is extreme.

3. Please note:

a) that the further to the right you put your “/” slash, the **more** you experience that symptom.

b) that the further to the left you put your “/” slash, the **less** you experience that symptom.

c) please do not place your “/” slash outside the end markers

You are asked to indicate on this questionnaire, the amount of a symptom you have experienced in the past week as related to your problematic knee. If you are unsure about the knee that is involved or you have any other questions, please ask before filling out the questionnaire.

If for some reason you do not understand a question, please refer to the explanations that can be found at the end of the questionnaire. You can then place your “/” slash on the horizontal line at the appropriate place.

**Section A
Physical Symptoms**

INSTRUCTIONS TO PATIENTS

The following questions concern the physical symptoms you have experienced due to your knee problem. In all cases, please enter the amount of the symptom you have experienced in the last week. (Please mark your answers with a slash “/”)

1. How much have you been bothered by a feeling of giving way or insecurity in your knee?

not at all |-----| extremely bothered

2. How much are you bothered by pain or soreness in your knee after activities?

not at all |-----| extremely bothered

3. How much have you been bothered by a loss of range of motion in your knee?

not at all |-----| extremely bothered

4. How much have you been bothered by numbness in and around you knee?

not at all |-----| extremely bothered

5. How much have you been bothered by stiffness in your knee after rising in the morning r sitting for a long period of time?

not at all |-----| extremely bothered

6. How much are you bothered by weakness in your knee?

not at all |-----| extremely bothered

Section A cont'd

7. How much are you bothered by swelling in your knee?

not at all |-----| extremely bothered

8. How much have you been bothered by sharp pains in your knee after full weight bearing for a period of time?

not at all |-----| extremely bothered

9. How much have you been bothered by cracking, grinding or popping in your knee?

not at all |-----| extremely bothered

Section B
Sports/Recreation/Work/Lifestyle

INSTRUCTIONS TO PATIENTS

The following section concerns how your knee problem has affected your work, sports or recreational activities in the past week. For each question, please indicate the amount with a slash "/" across the horizontal line.

10. How much do you fear reinjuring your knee through a return to your sport or work?

not at all |-----| extremely fearful

11. How much has your knee affected the amount of time you can participate in your pre-injury activities?

not at all |-----| extremely affected

12. How much has your knee affected your ability to perform the specific skills required for your sport or work? (If both are affected consider the area that is the most affected).

not at all |-----| extremely affected

13. How much of a problem do you have squatting?

none |-----| extreme problems

Section C

Emotions

INSTRUCTIONS TO PATIENTS

The following questions relate to how you have felt in the past week with regard to your knee problem. Please indicate your answer with a slash "/" across the horizontal line.

14. How conscious are you of your knee?

not at all |-----| extremely conscious

15. How worried are you about what will happen to your knee in the future?

not at all |-----| extremely worried

16. How much frustration or discouragement do you feel because of your knee?

none |-----| extreme

Thank you for completing the questionnaire

Explanation of the Meaning of the Questions in the WOMET Questionnaire

Physical Symptoms

1. Refers to feeling like your knee will not support you or is not very secure.
2. Refers to the pain or aching that you experience after you have engaged in an activity such as a sport, work or working in and around the house.
3. Refers to not being able to completely flex or extend the knee
4. Refers to the feeling of numbness in the knee area or around the scar.
5. Refers to the feeling of your knee joint not wanting to move. This does not refer to loss of range of motion.
6. Refers to a lack of strength or weakness in your knee to carry out an action.
7. Refers to any increase in the size of your knee due to swelling.
8. Refers to pain that you experience when you have been standing or doing any other activity that requires you to take full weight on your knee.
9. Refers to any sounds you hear in your knee when bending it or walking etc.

Sports/Recreation/Work/ Lifestyle

10. Refers to being frightened of re-tearing your meniscus if you carry out the same sport or work as before the injury.
11. Refers to having to restrict the amount of time that you can participate in an activity you did before your injury or if you have had to stop all together because of a lack of stamina or pain etc in your knee.
12. Refers to any difficulty you have performing the skills that are required at work, in a sport, in a recreational activity or around the house.
13. Refers to not being able to squat due to pain or not being able to get the knee into full flexion.

Emotions

14. Refers to always being aware of your knee or taking it into consideration before doing anything.
15. Refers to being concerned about your knee getting worse or the long term condition of your knee as you get older.
16. Refers to feeling frustrated or discouraged because of your inability to do the things you used to do or that you want to do but can't because of your knee.

SCORING OF THE WESTERN ONTARIO MENISCAL EVALUATION TOOL (WOMET)

1. Measure the distance from the left side of the line and calculate the score out of 100 (recorded to the nearest 0.5 mm.). Write it into the space provided for that question.
2. You can calculate a total score for each domain (Physical Symptoms/900; Sports/Recreation/Work/Lifestyle/400; Emotions/300) or the total score for the domains can be summed for an aggregate score out of 1600.
3. Some find it more meaningful to report scores out of 100 i.e. a percentage of normal score. Since the worst possible score is 1600, the aggregate score is subtracted from 1600 and divided by 16. e.g. total aggregate score = 1425; $1600 - 1425 = 175 / 16 = 10.9\%$

physical symptoms

sports/recreation/work/lifestyle

emotions

summary

PS1 ____.
PS 2 ____.
PS 3 ____.
PS 4 ____.
PS 5 ____.
PS 6 ____.
PS 7 ____.
PS 8 ____.
PS 9 ____.
TOTAL
_____.

S 10 ____.
S 11 ____.
S 12 ____.
S 13 ____.
TOTAL
_____.

E 14 ____.
E 15 ____.
E 16 ____.
TOTAL
_____.

PS ____.
S/W ____.
L ____.
E ____.
TOTAL:
_____.