

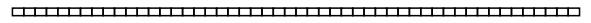
Western Ontario Rotator Cuff (WORC) Index

Record ID _____

Western Ontario Rotator Cuff (WORC) Index

How much sharp pain do you experience in your shoulder?

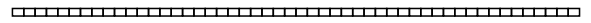
no pain extreme pain



(Place a mark on the scale above)

How much constant, nagging pain do you experience in your shoulder?

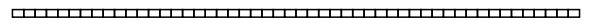
no pain extreme pain



(Place a mark on the scale above)

How much weakness do you experience in your shoulder?

no weakness extreme weakness



(Place a mark on the scale above)

How much stiffness do you experience in your shoulder?

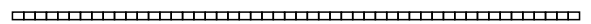
no stiffness extreme stiffness



(Place a mark on the scale above)

How much clicking, grinding, or crunching do you experience in your shoulder?

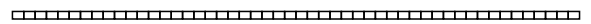
none extreme



(Place a mark on the scale above)

How much discomfort do you experience in your neck because of your shoulder?

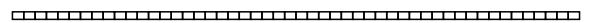
none extreme discomfort



(Place a mark on the scale above)

How much has your shoulder affected your fitness level?

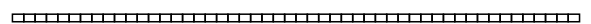
not affected extremely affected



(Place a mark on the scale above)

How much has your shoulder affected your ability to throw hard or far?

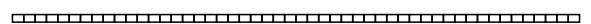
not affected extremely affected



(Place a mark on the scale above)

How much fear do you have with someone or something coming in contact with your shoulder?

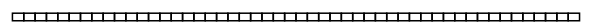
no fear extreme fear



(Place a mark on the scale above)

How much difficulty do you experience doing push-ups or other strenuous shoulder exercises because of your shoulder?

no difficulty extreme difficulty



(Place a mark on the scale above)



How much difficulty do you experience in daily activities about the house or yard?

no difficulty extreme difficulty

(Place a mark on the scale above)

How much difficulty do you experience working above your head?

no difficulty extreme difficulty

(Place a mark on the scale above)

How much do you use your uninvolved arm to compensate for your injured one?

not at all constant

(Place a mark on the scale above)

How much difficulty do you experience lifting heavy objects from the ground or below shoulder level?

no difficulty extreme difficulty

(Place a mark on the scale above)

How much difficulty do you have sleeping because of our shoulder?

no difficulty extreme difficulty

(Place a mark on the scale above)

How much difficulty have you experienced with styling your hair because of your shoulder?

no difficulty extreme difficulty

(Place a mark on the scale above)

How much difficulty do you have "roughhousing or horsing around" with family and friends?

no difficulty extreme difficulty

(Place a mark on the scale above)

How much difficulty do you have dressing or undressing?

no difficulty extreme difficulty

(Place a mark on the scale above)

How much frustration do you feel because of your shoulder?

no frustration extreme frustration

(Place a mark on the scale above)

How "down in the dumps" or depressed do you feel because of your shoulder?

none extreme

(Place a mark on the scale above)

How worried or concerned are you about the effect of your shoulder on you occupation or work?

not at all extremely concerned

(Place a mark on the scale above)

WORC Index (Calculated):

