

**WORC (Western Ontario Rotator Cuff) Index**

**INSTRUCTIONS TO PATIENTS**

In the following questionnaire 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 shoulder. If you are unsure about the shoulder 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. If an item does not pertain to you or you have not experienced it in the past week, please make your "best guess" as to which response would be the most accurate

**Section A: Physical Symptoms**  
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The following questions concern the physical symptoms you have experienced due to your shoulder 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 sharp pain do you experience in your shoulder?

no pain |-----| extreme pain

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

no pain |-----| extreme pain

3. How much weakness do you experience in your shoulder?

no weakness |-----| extreme weakness

4. How much stiffness or lack of range of motion do you experience in your shoulder?

no stiffness |-----| extreme stiffness

5. How much are you bothered by clicking, grinding or crunching in your shoulder?

none |-----| extreme

6. How much discomfort do you experience in the muscles of your neck because of your shoulder?

no discomfort |-----| extreme discomfort

**SECTION B: Sports/Recreation**  
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The following section concerns how your shoulder problem has affected your sports or recreational activities in the past week. For each question, please mark your answers with a slash ("/".)

7. How much has your shoulder affected your fitness level?

not affected |-----| extremely affected

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

no difficulty |-----| extreme difficulty

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

not affected |-----| extremely affected

10. How much difficulty do you have with someone or something coming in contact with your affected shoulder?

no fear |-----| extremely fearful

**SECTION C: Work**  
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The following section concerns the amount that your shoulder problem has affected your work around or outside of the home. Please indicate the appropriate amount for the past week with a slash "/".

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

no difficulty |-----| extreme difficulty

12. How much difficulty do you experience working above your shoulder?

no difficulty |-----| extreme difficulty

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

not at all |-----| constant

14. How much difficulty do you experience lifting heavy objects at or below shoulder level?

no difficulty |-----| extreme difficulty

**SECTION D: Lifestyle  
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The following section concerns the amount that your shoulder problem has affected or changed your lifestyle. Again, please indicate the appropriate amount for the past week with a slash "/".

15. How much difficulty do you have sleeping because of your shoulder?

no difficulty |-----| extreme difficulty

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

no difficulty |-----| extreme difficulty

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

no difficulty |-----| extreme difficulty

18. How much difficulty do you have dressing or undressing?

no difficulty |-----| extreme difficulty

**SECTION E: Emotions**  
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The following questions relate to how you have felt in the past week with regard to your shoulder problem. Please indicate your answer with a slash "/".

19. How much frustration do you feel because of your shoulder?

no frustration |-----| extreme frustration

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

none |-----| extreme

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

not at all |-----| extremely concerned

**FOR OFFICE USE ONLY:**

**SCORING OF THE WESTERN ONTARIO ROTATOR CUFF (WORC) INDEX**

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/600; Sports and Recreation/400; Work/400 and Lifestyle/400; Emotions/400) or the total score for the domains can be summed for an aggregate score out of 2100.
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 2100, the aggregate score is subtracted from 2100 and divided by 21. e.g. if your patient's total aggregate score = 1625; then the percentage score would be  $\frac{2100 - 1625}{21} = 22.6\%$

The same applies for each domain.

physical symptoms	sports/recreation	work	lifestyle
PS 1 _____	S 7 _____	W11 _____	L 15 _____
PS 2 _____	S 8 _____	W12 _____	L 16 _____
PS 3 _____	S 9 _____	W13 _____	L 17 _____
PS 4 _____	S 10 _____	W14 _____	L 18 _____
PS 5 _____	TOTAL	TOTAL	TOTAL
PS 6 _____	_____	_____	_____
TOTAL			
_____			

emotions	summary
E 19 _____	PS _____
E 20 _____	S _____
E 21 _____	W _____
TOTAL _____	L _____
	E _____
	TOTAL:
	_____