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## WOMAC Score

Patient's name (or ref) \_\_\_\_\_

Clinician's name (or ref) \_\_\_\_\_

Patient's d.o.b   

**INSTRUCTIONS:** This survey asks for your view about your hip. This information will help us keep track of how you feel about your hip and how well you are able to do your usual activities.

Answer every question by ticking the appropriate box. If you are unsure about how to answer a question, please give the best answer you can.

### Symptoms - These questions should be answered thinking of your hip symptoms during the last week.

S1. Do you feel grinding, hear clicking or any other type of noise from you hip?

Never       Rarely       Sometimes       Often       Always

S2. Difficulties spreading legs wide apart

None       Mild       Moderate       Severe       Extreme

S3. Difficulties to stride out when walking

None       Mild       Moderate       Severe       Extreme

**Stiffness** - The following questions concern the amount of joint stiffness you have experienced during the last week in your hip. Stiffness is a sensation of restriction or slowness in the ease with which you move your hip joint.

S4. How severe is your hip joint stiffness after first wakening in the morning?

None       Mild       Moderate       Severe       Extreme

S7. How severe is your hip stiffness after sitting, lying or resting later in the day?

None       Mild       Moderate       Severe       Extreme

### Pain

P1. How often is your hip painful?

Never       Monthly       Weekly       Daily       Always

What amount of hip pain have you experienced the last week during the following activities?

P2. Straightening your hip fully

None       Mild       Moderate       Severe       Extreme

P3. Bending your hip fully

None       Mild       Moderate       Severe       Extreme

P4. Walking on flat surface

None       Mild       Moderate       Severe       Extreme

P5. Going up or down stairs

None       Mild       Moderate       Severe       Extreme

P6. At night while in bed

None       Mild       Moderate       Severe       Extreme

P7. Sitting or lying

None       Mild       Moderate       Severe       Extreme

P8. Standing upright

None       Mild       Moderate       Severe       Extreme

P9. Walking on a hard surface (asphalt, concrete, etc)

None       Mild       Moderate       Severe       Extreme

P10. Walking on an uneven surface

None       Mild       Moderate       Severe       Extreme

**Function, daily living** - The following questions concern your physical function. By this we mean your ability to move around and to look after yourself. For each of the following activities please indicate the degree of difficulty you have experienced in the **last week** due to your hip.

A1. Descending stairs

None       Mild       Moderate       Severe       Extreme

A2. Ascending stairs

None       Mild       Moderate       Severe       Extreme

A3. Rising from sitting

None       Mild       Moderate       Severe       Extreme

A4. Standing

None       Mild       Moderate       Severe       Extreme

A5. Bending to floor/pick up an object

None       Mild       Moderate       Severe       Extreme

A6. Walking on flat surface

 None  Mild  Moderate  Severe  Extreme

A7. Getting in/out of car

 None  Mild  Moderate  Severe  Extreme

A8. Going shopping

 None  Mild  Moderate  Severe  Extreme

A9. Putting on socks/stockings

 None  Mild  Moderate  Severe  Extreme

A10. Rising from bed

 None  Mild  Moderate  Severe  Extreme

A11. Taking off socks/stockings

 None  Mild  Moderate  Severe  Extreme

A12. Lying in bed (turning over, maintaining hip position)

 None  Mild  Moderate  Severe  Extreme

A13. Getting in/out of bath

 None  Mild  Moderate  Severe  Extreme

A14. Sitting

 None  Mild  Moderate  Severe  Extreme

A15. Getting on/off toilet

 None  Mild  Moderate  Severe  Extreme

A16. Heavy domestic duties (moving heavy boxes, scrubbing floors, etc)

 None  Mild  Moderate  Severe  Extreme

A17. Light domestic duties (cooking, dusting, etc)

 None  Mild  Moderate  Severe  Extreme

Thank you very much for completing all the questions in this questionnaire.

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**The WOMAC score is 0**

Nb: This page cannot be saved due to patient data protection so please print the filled in form before closing the window.

**Reference for Score:** Klassbo M, Larsson E, Mannevik E. Hip disability and osteoarthritis outcome score. An extension of the Western Ontario and McMaster Universities Osteoarthritis Index. Scand J Rheumatol. 2003;32(1):46-51. [Link](#)

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