



THE WESTERN ONTARIO ROTATOR CUFF INDEX (WORC)

The following questions concern the **physical symptoms** you have experienced, how your shoulder has affected your **work, sports or recreational activities**, the amount that your shoulder has affected or changed your **lifestyle**, and your **emotions** with regards to your shoulder. Please answer these questions based on how you have felt in the **past week**. For each question, enter to what degree you have experienced these factors with a **slash “ / ”**.

PHYSICAL SYMPTOMS

1. How much sharp pain do you experience in your shoulder?

<div style="display: flex; justify-content: space-between;"> No pain Extreme pain </div>

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

<div style="display: flex; justify-content: space-between;"> No pain Extreme pain </div>

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

<div style="display: flex; justify-content: space-between;"> No weakness Extreme weakness </div>

4. How much stiffness do you experience in your shoulder?

<div style="display: flex; justify-content: space-between;"> No stiffness Extreme stiffness </div>

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

<div style="display: flex; justify-content: space-between;"> None Extreme </div>

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

<div style="display: flex; justify-content: space-between;"> No discomfort Extreme discomfort </div>

SPORTS/RECREATION

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

<div style="display: flex; justify-content: space-between;"> Not affected Extremely affected </div>

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

<div style="display: flex; justify-content: space-between;"> Not affected Extremely affected </div>

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

<div style="display: flex; justify-content: space-between;"> No fear Extremely fearful </div>

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

<div style="display: flex; justify-content: space-between;"> No difficulty Extreme difficulty </div>

WORK

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 head?

No difficulty Extreme difficulty

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

Not at all Constant

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

No difficulty Extreme difficulty

LIFESTYLE

15. How much difficulty do you have sleeping because of our 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 and friends?

No difficulty Extreme difficulty

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

No difficulty Extreme difficulty

EMOTIONS

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 you occupation or work?

Not at all Extremely concerned