Western Ontario Rotator Cuff Index (WORC)

Name: _____ Date: _____

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 '/' on the 100 mm line between the two anchors.

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

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

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

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

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

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

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

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

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

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

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

12. How much difficulty do you experience working above your head?
_____ mm

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

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

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

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

17. How much difficulty do you have 'roughhousing or horsing around' with family and friends?
_____ mm

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

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

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

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

Scoring
Each of the 21 items is a 100 mm visual analogue scale scored 0 to 100 (mm from the left anchor; 0 = no symptoms, 100 = most severe). Raw total = sum of the 21 items (0 to 2100, lower is better). Converted to a percentage of a normal shoulder: (2100 - total) / 2100 x 100, where 100 is best.
Physical symptoms (%): _____
Sports and recreation (%): _____
Work (%): _____
Lifestyle (%): _____
Emotions (%): _____
WORC total (% of normal, 100 = no symptoms): _____

Source: Kirkley, A., Alvarez, C., & Griffin, S. (2003). The development and evaluation of a disease-specific quality-of-life questionnaire for disorders of the rotator cuff: The Western Ontario Rotator Cuff Index. Clinical Journal of Sport Medicine, 13(2), 84-92.
Online calculator and more: physiotutors.com/questionnaires