|  |
| --- |
| WOMAC HIP EVALUATION |

**Patient ID**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Patient Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Exam Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Exam Type:**

 [ ] Pre-Operative Primary [ ] Pre-Operative Revision **Side:** [ ] Left [ ] Right

 [ ] 6 Week Post OP [ ] 3 Month Post-OP **Surgery Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [ ] Annual [ ] Other:\_\_\_\_\_\_\_\_\_\_\_\_\_

This instrument has three sections that ask about the amount of pain, stiffness or disability you have felt during the last 48 hours.

Think about your hip joint when answering the questions. Indicate the severity of your pain and stiffness and the difficulty you have in doing daily activities that you feel are caused by your hip.

**WOMAC Section A – PAIN**

Think about the pain you felt in your hip joint during the last 48 hours. (Please mark your answers by putting an “**X**” in one of the boxes)

QUESTION: How much pain have you had due to the hip.

|  |  |  |  |
| --- | --- | --- | --- |
| when walking on a flat surface? | 0 |  | None |
| 1 |  | Mild |
| 2 |  | Moderate |
| 3 |  | Severe |
| 4 |  | Extreme |
| when going up or down stairs? | 0 |  | None |
| 1 |  | Mild |
| 2 |  | Moderate |
| 3 |  | Severe |
| 4 |  | Extreme |
| at night while in bed? (that is – pain that disturbs your sleep)? | 0 |  | None |
| 1 |  | Mild |
| 2 |  | Moderate |
| 3 |  | Severe |
| 4 |  | Extreme |
| while sitting or lying down? | 0 |  | None |
| 1 |  | Mild |
| 2 |  | Moderate |
| 3 |  | Severe |
| 4 |  | Extreme |
| while standing upright? | 0 |  | None |
| 1 |  | Mild |
| 2 |  | Moderate |
| 3 |  | Severe |
| 4 |  | Extreme |

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**WOMAC Section B – STIFFNESS**

Think about the stiffness (not pain) you felt in your hip joint during the last 48 hours. Stiffness is a sensation of **decreased** ease in moving your joint.

(Please mark your answers by putting an “**X**” in one of the boxes)

|  |  |  |  |
| --- | --- | --- | --- |
| How severe is your stiffness after first awaking in the morning? | 0 |  | None |
| 1 |  | Mild |
| 2 |  | Moderate |
| 3 |  | Severe |
| 4 |  | Extreme |
| How severe is your stiffness after siting, lying, or resting later in the day? | 0 |  | None |
| 1 |  | Mild |
| 2 |  | Moderate |
| 3 |  | Severe |
| 4 |  | Extreme |

**WOMAC Section C – DIFFICULTY PERFORMING DAILY ACTIVITIES DUE TO HIP**

Think about the difficulty you had in doing the following daily physical activities due to your hip during the last 48 hours. By this we mean **your ability to move around and take care of yourself**.

(Please mark your answers by putting an “**X**” in one of the boxes)

QUESTION: How much difficulty have you had due to the hip.

|  |  |  |  |
| --- | --- | --- | --- |
| when going DOWN stairs | 0 |  | None |
| 1 |  | Mild |
| 2 |  | Moderate |
| 3 |  | Severe |
| 4 |  | Extreme |
| when going UP stairs | 0 |  | None |
| 1 |  | Mild |
| 2 |  | Moderate |
| 3 |  | Severe |
| 4 |  | Extreme |
| when getting up from a seated position | 0 |  | None |
| 1 |  | Mild |
| 2 |  | Moderate |
| 3 |  | Severe |
| 4 |  | Extreme |
| when standing? | 0 |  | None |
| 1 |  | Mild |
| 2 |  | Moderate |
| 3 |  | Severe |
| 4 |  | Extreme |

**WOMAC Section C – DIFFICULTY PERFORMING DAILY ACTIVITIES DUE TO HIP (continued)**

Think about the difficulty you had in doing the following daily physical activities due to your hip during the last 48 hours. By this we mean **your ability to move around and take care of yourself**.

(Please mark your answers by putting an “**X**” in one of the boxes)

QUESTION: How much difficulty have you had due to the hip.

|  |  |  |  |
| --- | --- | --- | --- |
| when bending to the floor | 0 |  | None |
| 1 |  | Mild |
| 2 |  | Moderate |
| 3 |  | Severe |
| 4 |  | Extreme |
| when walking on a flat surface? | 0 |  | None |
| 1 |  | Mild |
| 2 |  | Moderate |
| 3 |  | Severe |
| 4 |  | Extreme |
| getting in or out of car, or getting on or off a bus? | 0 |  | None |
| 1 |  | Mild |
| 2 |  | Moderate |
| 3 |  | Severe |
| 4 |  | Extreme |
| while shopping?  | 0 |  | None |
| 1 |  | Mild |
| 2 |  | Moderate |
| 3 |  | Severe |
| 4 |  | Extreme |
| when putting on your socks, panty hose, or stockings? | 0 |  | None |
| 1 |  | Mild |
| 2 |  | Moderate |
| 3 |  | Severe |
| 4 |  | Extreme |
| when getting out of bed? | 0 |  | None |
| 1 |  | Mild |
| 2 |  | Moderate |
| 3 |  | Severe |
| 4 |  | Extreme |
| when taking off your socks, panty hose or stockings? | 0 |  | None |
| 1 |  | Mild |
| 2 |  | Moderate |
| 3 |  | Severe |
| 4 |  | Extreme |
| while lying in bed | 0 |  | None |
| 1 |  | Mild |
| 2 |  | Moderate |
| 3 |  | Severe |
| 4 |  | Extreme |

|  |  |  |  |
| --- | --- | --- | --- |
| when getting in or out of bathtub? | 0 |  | None |
| 1 |  | Mild |
| 2 |  | Moderate |
| 3 |  | Severe |
| 4 |  | Extreme |
| while sitting? | 0 |  | None |
| 1 |  | Mild |
| 2 |  | Moderate |
| 3 |  | Severe |
| 4 |  | Extreme |
| when getting on or off the toilet? | 0 |  | None |
| 1 |  | Mild |
| 2 |  | Moderate |
| 3 |  | Severe |
| 4 |  | Extreme |
| while doing heavy household chores? | 0 |  | None |
| 1 |  | Mild |
| 2 |  | Moderate |
| 3 |  | Severe |
| 4 |  | Extreme |
| while doing light household chores? | 0 |  | None |
| 1 |  | Mild |
| 2 |  | Moderate |
| 3 |  | Severe |
| 4 |  | Extreme |

Please answer all questions!

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If you can't do an activity

then answer "EXTREME".

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