

Patient Name: _____

Date: _____

WOMAC HIP

This survey asks for your view about your hip. This information will help to keep track of how you feel about your hip and how well you are able to do your usual activities. Answer **every** question by circling the appropriate response. **If you are unsure about how to answer a question, please give the best answer you can.**

These questions should be answered thinking of your hip symptoms during the last week .	Never	Rarely	Sometimes	Often	Always
1. Do you feel grinding, hear clicking or any other type of noise from your hip?	0	1	2	3	4
2. Difficulties spreading legs wide apart?	0	1	2	3	4
3. Difficulties to stride out when walking?	0	1	2	3	4
4. How severe is your hip joint stiffness after first waking in the morning?	0	1	2	3	4
5. How severe is your hip stiffness after sitting, lying or resting later in the day ?	0	1	2	3	4
6. How often is your hip painful?	0	1	2	3	4

What amount of hip pain have you experienced the last week during the following activities?	None	Mild	Moderate	Severe	Extreme
1. Straightening your hip fully	0	1	2	3	4
2. Bending your hip fully	0	1	2	3	4
3. Walking on a Flat surface	0	1	2	3	4
4. Going up or down stairs	0	1	2	3	4
5. At night while in bed	0	1	2	3	4
6. Sitting or lying	0	1	2	3	4
7. Standing upright	0	1	2	3	4
8. Walking on a hard surface (asphalt, concrete, etc)	0	1	2	3	4
9. Walking on an uneven surface	0	1	2	3	4

For each of the following activities please indicate the degree of difficulty you have experienced in the last week due to your hip.	None	Mild	Moderate	Severe	Extreme
1. Descending stairs	0	1	2	3	4
2. Ascending stairs	0	1	2	3	4
3. Rising from sitting	0	1	2	3	4
4. Standing	0	1	2	3	4
5. Bending to floor/pick up an object	0	1	2	3	4
6. Walking on flat surface	0	1	2	3	4
7. Getting in/out of car	0	1	2	3	4
8. Going Shopping	0	1	2	3	4
9. Putting on socks/stockings	0	1	2	3	4
10. Rising from bed	0	1	2	3	4
11. Taking off socks/stockings	0	1	2	3	4
12. Lying in bed (turning over, maintaining hip position)	0	1	2	3	4
13. Getting in/out of bath	0	1	2	3	4
14. Sitting	0	1	2	3	4
15. Getting on/off toilet	0	1	2	3	4
16. Heavy domestic duties (moving heavy boxes, scrubbing floors, etc)	0	1	2	3	4
17. Light domestic duties (cooking, dusting, etc)	0	1	2	3	4