



WOMAC HIP SCORE (WHS)

Today Date: / /

Patient's Full Name:

Date of Birth:

Surgery Date:

Side of Procedure:

- RHS**-Right Hand Side
- LHS**- Left hand Side
- Bilateral**-Both Sides

Evaluation Type:

- Pre- Operative (Before Surgery)
- 8 Weeks Post- Operative (After Surgery)
- 6 Months Post- Operative (After Surgery)
- ____ Years Post- Operative (After Surgery)

Pain severity (on average) during the past month: (please tick 1)

	NONE	Mild	Moderate	Severe	Extreme
Walking					
Stair Climbing					
Nocturnal (Sleeping)					
At Rest					
Standing (Weightbearing)					
Morning Stiffness					
Onset of stiffness during the day					

Level of difficulty performing the following functions: (please tick 1)

	NONE	Mild	Moderate	Severe	Extreme
Descending stairs					
Ascending stairs					
Rising from sitting					
Standing					
Bending to the floor					
Walking on flat ground					
Getting in and out of a car					



Ozorthopaedics

Dr. Ikram Nizam MB ChB MRCS MS FRACS FAOrthA

Orthopaedic Surgeon | Hip & Knee Specialist

WOMAC HIP SCORE (WHS)

Today Date: / /

Going Shopping					
Putting on socks					

Please email this form to reception: reception@ozorthopaedics.com.au

Or **FAX:** (03) 9880 7768.

For any questions or assistants in completing this form, please **CALL:** (03) 9888 4938.



CONTINUE.... Level of difficulty performing the following functions: (please tick 1)

	NONE	Mild	Moderate	Severe	Extreme
Rising from bed					
Taking off socks					
Lying in bed					
Getting in and out of the bath					
Sitting					
Getting on and off the toilet					
Heavy domestic duties					
Light domestic duties					

Comments: