Problems with your hip

During the past 4 weeks..

✓tick <u>one</u> box for <u>every</u> question.

1. ***During the past 4 weeks****.....*

How would you describe the pain you <u>usually</u> had from your hip?

None	Very mild	Mild	Moderate	Severe
❑	❑	❑	❑	❑

2. ***During the past 4 weeks****.....*

Have you had any trouble with washing and drying yourself (all over) <u>because of your hip</u>?

No trouble at all	Very little trouble	Moderate trouble	Extreme difficulty	Impossible to do
❑	❑	❑	❑	❑

3. ***During the past 4 weeks****.....*

Have you had any trouble getting in and out of a car or using public transport <u>because of your hip</u>? *(whichever you tend to use)*

No trouble at all	Very little trouble	Moderate trouble	Extreme difficulty	Impossible to do
❑	❑	❑	❑	❑

4. ***During the past 4 weeks****.....*

Have you been able to put on a pair of socks, stockings or tights?

Yes, Easily	With little difficulty	With moderate difficulty	With extreme difficulty	No, Impossible
❑	❑	❑	❑	❑

5. ***During the past 4 weeks****.....*

Could you do the household shopping <u>on your own</u>?

Yes, Easily	With little difficulty	With moderate difficulty	With extreme difficulty	No, Impossible
❑	❑	❑	❑	❑

6. ***During the past 4 weeks****.....*

For how long have you been able to walk before <u>pain from your hip</u> becomes severe? (*with or without a stick)*

No pain/ More than 30 minutes	16 to 30 minutes	5 to 15 minutes	Around the house <u>only</u>	Not at all -pain severe on walking
❑	❑	❑	❑	❑

P.T.O./

During the past 4 weeks...

✓tick <u>one</u> box for <u>every</u> question

7 ***During the past 4 weeks*****.....**

Have you been able to climb a flight of stairs?

Yes, Easily	With little difficulty	With moderate difficulty	With extreme difficulty	No, Impossible
❑	❑	❑	❑	❑

8 ***During the past 4 weeks*****.....**

After a meal (sat at a table), how painful has it been for you to stand up from a chair <u>because of your hip</u>?

Not at all painful	Slightly painful	Moderately painful	Very painful	Unbearable
❑	❑	❑	❑	❑

9 ***During the past 4 weeks*****.....**

Have you been limping when walking, <u>because of your hip</u>?

Rarely/ never	Sometimes, or just at first	Often, not just at first	Most of the time	All of the time
❑	❑	❑	❑	❑

10 ***During the past 4 weeks*****.....**

Have you had any sudden, <u>severe</u> pain - 'shooting', 'stabbing' or 'spasms' - <u>from the affected hip</u>?

No days	Only 1 or 2 days	Some days	Most days	Every day
❑	❑	❑	❑	❑

11 ***During the past 4 weeks*****.....**

How much has <u>pain from your hip</u> interfered with your usual work *(including housework)*?

Not at all	A little bit	Moderately	Greatly	Totally
❑	❑	❑	❑	❑

12 ***During the past 4 weeks*****.....**

Have you been troubled by <u>pain from your hip</u> in bed at night?

No nights	Only 1 or 2 nights	Some nights	Most nights	Every night
❑	❑	❑	❑	❑