

HIP QUESTIONNAIRE

Name: _____

Left Hip / Right Hip (circle)

tick one box for every question

1	During the past 4 weeks, how would you describe the pain you <u>usually</u> have from your hip?				
	None <input type="checkbox"/>	Very mild <input type="checkbox"/>	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>
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 <input type="checkbox"/>	Very little trouble <input type="checkbox"/>	Moderate trouble <input type="checkbox"/>	Extreme difficulty <input type="checkbox"/>	Impossible to do <input type="checkbox"/>
3	During the past 4 weeks, have you had any trouble getting in and out of a car or using public transport because of your hip? (whichever you would tend to use)				
	No trouble at all <input type="checkbox"/>	Very little trouble <input type="checkbox"/>	Moderate trouble <input type="checkbox"/>	Extreme difficulty <input type="checkbox"/>	Impossible to do <input type="checkbox"/>
4	During the past 4 weeks, have you been able to put on a pair of socks, stockings or tights?				
	Yes, Easily <input type="checkbox"/>	With little difficulty <input type="checkbox"/>	With moderate difficulty <input type="checkbox"/>	With extreme difficulty <input type="checkbox"/>	No, impossible <input type="checkbox"/>
5	During the past 4 weeks, <u>could</u> you do the household shopping on your own?				
	Yes, Easily <input type="checkbox"/>	With little difficulty <input type="checkbox"/>	With moderate difficulty <input type="checkbox"/>	With extreme difficulty <input type="checkbox"/>	No, impossible <input type="checkbox"/>
6	During the past 4 weeks, for how long have you been able to walk before <u>pain from your hip</u> becomes <u>severe</u> ? (with or without a stick)				
	No pain/ More than 30 minutes <input type="checkbox"/>	16 to 30 minutes <input type="checkbox"/>	5 to 15 minutes <input type="checkbox"/>	Around the house only <input type="checkbox"/>	Not at all - pain severe when walking <input type="checkbox"/>
7	During the past 4 weeks, have you been able to climb a flight of stairs?				
	Yes, Easily <input type="checkbox"/>	With little difficulty <input type="checkbox"/>	With moderate difficulty <input type="checkbox"/>	With extreme difficulty <input type="checkbox"/>	No, impossible <input type="checkbox"/>
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 <input type="checkbox"/>	Slightly painful <input type="checkbox"/>	Moderately painful <input type="checkbox"/>	Very painful <input type="checkbox"/>	Unbearable <input type="checkbox"/>
9	During the past 4 weeks, have you been limping when walking, <u>because of your hip</u> ?				
	Rarely/never <input type="checkbox"/>	Sometimes, or just at first <input type="checkbox"/>	Often, not just at first <input type="checkbox"/>	Most of the time <input type="checkbox"/>	All of the time <input type="checkbox"/>
10	During the past 4 weeks, have you had any sudden, <u>severe</u> pain - 'shooting', 'stabbing' or 'spasms' - from the <u>affected hip</u> ?				
	No days <input type="checkbox"/>	Only 1 or 2 days <input type="checkbox"/>	Some days <input type="checkbox"/>	Most days <input type="checkbox"/>	Everyday <input type="checkbox"/>
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 <input type="checkbox"/>	A little bit <input type="checkbox"/>	Moderately <input type="checkbox"/>	Greatly <input type="checkbox"/>	Totally <input type="checkbox"/>
12	During the past 4 weeks, have you been troubled by <u>pain from your hip</u> in bed at night?				
	No Nights <input type="checkbox"/>	Only 1 or 2 nights <input type="checkbox"/>	Some nights <input type="checkbox"/>	Most nights <input type="checkbox"/>	Every night <input type="checkbox"/>