

Problems with your hip

During the past 4 weeks..

✓tick one box
for every question.

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

How would you describe the pain you usually had from your hip?

None	Very mild	Mild	Moderate	Severe
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

No trouble at all	Very little trouble	Moderate trouble	Extreme difficulty	Impossible to do
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 tend to use*)

No trouble at all	Very little trouble	Moderate trouble	Extreme difficulty	Impossible to do
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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	With little difficulty	With moderate difficulty	With extreme difficulty	No, Impossible
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Could you do the household shopping on your own?

Yes, Easily	With little difficulty	With moderate difficulty	With extreme difficulty	No, Impossible
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

For how long have you been able to walk before pain from your hip
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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

During the past 4 weeks...

✓ tick one box
for every question

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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

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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 because of your hip?

Not at all
painful

Slightly
painful

Moderately
painful

Very
painful

Unbearable

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During the past 4 weeks.....

Have you been limping when walking, because of your hip?

Rarely/
never

Sometimes, or
just at first

Often, not
just at first

Most of
the time

All of
the time

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During the past 4 weeks.....

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

No days

Only 1 or 2 days

Some days

Most days

Every day

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During the past 4 weeks.....

How much has pain from your hip interfered with your usual work (including housework)?

Not at all

A little bit

Moderately

Greatly

Totally

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During the past 4 weeks.....

Have you been troubled by pain from your hip in bed at night?

No
nights

Only 1 or 2
nights

Some
nights

Most
nights

Every
night