

Section 1: To be completed by patient

Name: _____ Age: _____ Date: _____
 Occupation: _____ Onset of hip pain: _____ (this episode)

Section 2: To be completed by patient

1) How would you describe the pain you usually had from your hip?	0 None 1 Very mild 2 Mild 3 Moderate 4 Severe
2) Have you had any trouble with washing and drying (all over) because of your hip?	0 No trouble at all yourself 1 Very little trouble 2 Moderate trouble 3 Extreme difficulty 4 Impossible to do
3) Have you had any trouble getting in and out of a car because of your hip	0 No trouble at all or using public transport 1 Very little trouble (whichever you tend to use) 2 Moderate trouble 3 Extreme difficulty 4 Impossible to do
4) Have you been able to put on a pair of socks, stockings or tights?	0 Yes, easily 1 With little difficulty 2 With moderate difficulty 3 With extreme difficulty 4 No, impossible
5) Could you do the household shopping on your own?	0 Yes, easily 1 With little difficulty 2 With moderate difficulty 3 With extreme difficulty 4 No, impossible
6) For how long have you been able to walk before the pain from your hip became severe?	0 No pain/>30 minutes 1 16 to 30 minutes (with or without a stick) 2 5 to 15 minutes 3 Around the house only 4 Not at all

7) Have you been able to climb a flight of stairs?	<ul style="list-style-type: none"> 0 Yes, easily 1 With little difficulty 2 With moderate difficulty 3 With extreme difficulty 4 No, impossible
8) After a meal (sat at a table), how painful has it been for you to stand up from a chair because of your hip?	<ul style="list-style-type: none"> 0 Not at all painful 1 Slightly painful 2 Moderately painful 3 Very painful 4 Unbearable
9) Have you been limping when walking, because of your hip?	<ul style="list-style-type: none"> 0 Rarely/never 1 Sometimes or just at first 2 Often, not just at first 3 Most of the time 4 All of the time
10) Have you had any sudden, severe pain – ‘shooting’, ‘stabbing’ or ‘spasms’ - from the affected hip	<ul style="list-style-type: none"> 0 No days 1 Only 1 or 2 days 2 Some days 3 Most days 4 Every day
11) How much has pain from your hip interfered with your usual work (including housework)?	<ul style="list-style-type: none"> 0 Not at all 1 A little bit 2 Moderately 3 Greatly 4 Totally
12) Have you been troubled by pain from your hip in bed at night?	<ul style="list-style-type: none"> 0 No nights 1 Only 1 or 2 nights 2 Some nights 3 Most nights 4 Every night