

# 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

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

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

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 on your own?

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 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 only

Not at all  
-pain severe  
on walking

# 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