

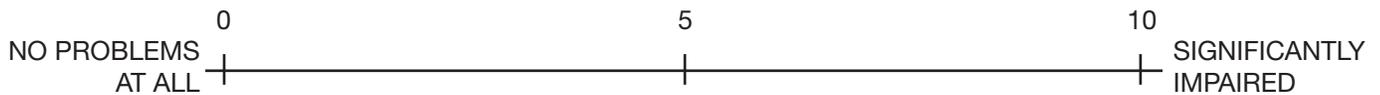
Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Side: **L R**

### INSTRUCTIONS

- These questions ask about the problems you may be experiencing in your hip, how these problems affect your life, and the emotions you may feel because of these problems.
- Please indicate the severity by marking the line below each question with a slash.

\*If you put a mark on the far **Right** it means that you **feel you are significantly impaired**. For example:

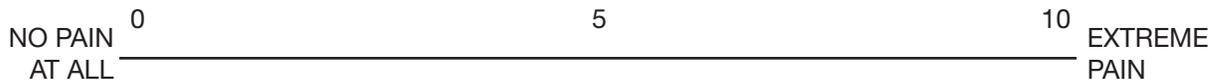


\*If the mark is placed in the middle of the line, this indicates that you are moderately disabled, or in other words, between the extremes of “no problems at all” and ‘significantly impaired’. It is important to put your mark at either end of the line if the extreme descriptions accurately reflect your situation.

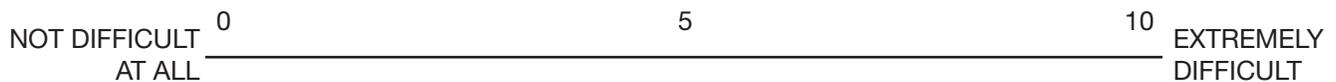
**TIP** If you don't do an activity, imagine how your hip would feel if you had to try it.

- Please let your answers describe the typical situation in the last **month**.

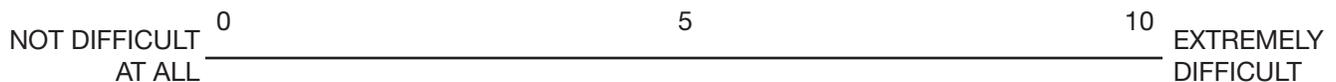
**1** Overall, how much pain do you have in your hip/groin?



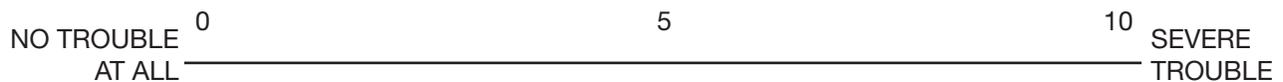
**2** How difficult is it for you to get up and down off the floor/ground?



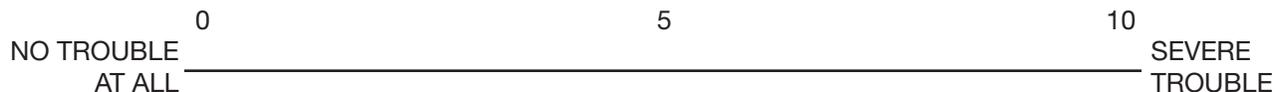
**3** How difficult is it for you to walk long distances?



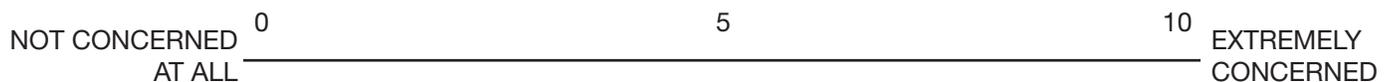
**4** How much trouble do you have with grinding, catching or clicking in your hip?



**5** How much trouble do you have pushing, pulling, lifting or carrying heavy objects?



**6** How concerned are you about cutting/changing directions during your sport or recreational activities?



# IHOT FORM

7 How much pain do you experience in your hip *after* activity?  
 0 5 10  
 NO PAIN AT ALL \_\_\_\_\_ EXTREME PAIN

8 How concerned are you about picking up or carrying children because of your hip?  
 0 5 10  
 NOT CONCERNED AT ALL \_\_\_\_\_ EXTREMELY CONCERNED

9 How much trouble do you have with sexual activity because of your hip?  This is not relevant to me  
 0 5 10  
 NO TROUBLE AT ALL \_\_\_\_\_ SEVERE TROUBLE

10 How much of the time are you aware of the disability in your hip?  
 0 5 10  
 NOT AWARE AT ALL \_\_\_\_\_ CONSTANTLY AWARE

11 How concerned are you about your ability to maintain your desired fitness level?  
 0 5 10  
 NOT CONCERNED AT ALL \_\_\_\_\_ EXTREMELY CONCERNED

12 How much of a distraction is your hip problem?  
 0 5 10  
 NO DISTRACTION AT ALL \_\_\_\_\_ EXTREME DISTRACTION

During the **past week**, please tell us about how painful your hips were during the following activities.  
 (Circle ONE response on each line that best describes your average ability for each joint.)

		Not painful	Mildly painful	Moderately painful	Very painful	Extremely painful	Could not do because of hip pain	Could not do for other reasons
13	Walking on <b>flat</b> surfaces?							
	Right Hip	1	2	3	4	5	6	7
	Left Hip	1	2	3	4	5	6	7

		Not painful	Mildly painful	Moderately painful	Very painful	Extremely painful	Could not do because of hip pain	Could not do for other reasons
14	Lying in bed at night?							
	Right Hip	1	2	3	4	5	6	7
	Left Hip	1	2	3	4	5	6	7

- 15 Which of the following statements **best** describes your ability to get around most of the time during the **past week**?  
 (Circle one response.)
- 1 I did not need support or assistance at all.
  - 2 I mostly walked without support or assistance.
  - 3 I mostly used one cane or crutch to help me get around
  - 4 I mostly used two canes, two crutches or a walker to help me get around.
  - 5 I used a wheelchair.
  - 6 I mostly used other supports or someone else had to help me get around.
  - 7 I was unable to get around at all.

- 16 How difficult was it for you to put on or take off socks/stockings during the **past week**? (Circle one response.)
- 1 Not at all difficult   2 Slightly difficult   3 Moderately difficult   4 Very difficult   5 Extremely difficult   6 Cannot do it at all