

# HIP CONDITION

Name \_\_\_\_\_

Date \_\_\_\_\_

Instructions: This questionnaire has been designed to give the Physical Therapist information as to how your hip pain has affected your ability to manage everyday life. Please check the ONE statement per section which best describes your condition in the past 24 hours.

## I WALKING

- Pain does not prevent me from walking any distance.
- Pain prevents me from walking more than 1 mile.
- Pain prevents me from walking more than 1/2 mile.
- Pain prevents me from walking more than 1/4 mile.
- I can only walk using a cane or crutches.
- I am in bed most of the time and have to crawl to the toilet.

## II WORK (APPLIES TO WORK IN HOME AND OUTSIDE)

- I can do as much work as I want.
- I can do only my usual work, but no more.
- I can do most of my usual work, but no more.
- I cannot do my usual work.
- I can hardly do any work at all (only light duty).
- I cannot do any work at all.

## III PERSONAL CARE (WASHING, DRESSING, ETC.)

- I can manage all personal care without symptoms.
- I can manage all personal care with some increased symptoms.
- Personal care requires slow, concise movements due to increased symptoms.
- I need help to manage some personal care.
- I need help to manage all personal care.
- I cannot manage any personal care.

## IV STAIRS

- I can walk stairs comfortably without a rail.
- I can walk stairs comfortably, but with a crutch, cane or rail.
- I can walk more than one flight of stairs, but with pain or weakness.
- I can walk less than one flight of stairs.
- I can manage only a single step or curb.
- I am unable to manage even a step or crutch.

## V UNEVEN GROUND

- I can walk normally on uneven ground without loss of balance or using a cane or crutches.
- I can walk normally on uneven ground, but with loss of balance or with using a cane or crutches.
- I have to walk very carefully on uneven ground without using a cane or crutches.
- I have to walk very carefully on uneven ground even when using a cane or crutches.
- I have to walk very carefully on uneven ground and require physical assistance to manage it.
- I am unable to walk on uneven ground.

## VI STANDING

- I can stand as long as I like without pain.
- I can stand as long as I want but it increases my pain.
- Pain prevents me from standing for more than 1 hour.
- Pain prevents me from standing for more than 1/2 hour.
- Pain prevents me from standing for more than 10 minutes.
- Pain prevents me from standing at all.

## VII SLEEPING

- I have no trouble sleeping.
- My sleep is mildly disturbed (less than 1 hour of sleeplessness.)
- My sleep is mildly disturbed (1-2 hours of sleeplessness.)
- My sleep is moderately disturbed (2-3 hours of sleeplessness.)
- My sleep is greatly disturbed (3-5 hours of sleeplessness.)
- My sleep is completely disturbed (5-7 hours of sleeplessness.)

## VIII RECREATIONAL/SPORTS (INDICATE SPORT IF APPROPRIATE \_\_\_\_\_)

- I am able to engage in all my activities without increased symptoms.
- I am able to engage in all my activities with some increased symptoms.
- I am able to engage in most, but not all, of my usual activities because of my increased symptoms.
- I am able to engage in a few of my usual activities because of my increased symptoms.
- I can hardly do any usual recreation/sports activities because of my increased symptoms.
- I cannot do any recreational/sports activities at all.

## IX SQUATTING

- I can squat fully without the use of my arms for support.
- I can squat fully, but with pain or using my arms for support.
- I can squat 3/4 of my normal depth, but less than fully.
- I can squat 1/2 of my normal depth, but less than 3/4.
- I can squat 1/4 of my normal depth, but less than 1/2.
- I am unable to squat any distance due to pain or weakness.

## V SITTING

- I can sit on any chair as long as I like.
- I can only sit in my favorite chair as long as I like.
- Pain prevents me from sitting more than 1 hour.
- Pain prevents me from sitting more than 1/2 hour.
- Pain prevents me from sitting more than 10 minutes.
- Pain prevents me from sitting at all.

Instructions: Please place an X on the line to indicate the amount of hip pain you have had in the past 24 hours. The scale ranges from "no pain at all" to the "worst possible pain."

no pain at all

\_\_\_\_\_

worst pain possible