

HIP RATING QUESTIONNAIRE

Patient Name _____

Date _____

Please read carefully:

Which hip is affected by arthritis? Left Right Both

Instructions: Please answer the following questions about the hip(s) you have just indicated.

- Considering all the ways that your hip arthritis affects you, mark how well you are doing.
 Very well Well Fair Poor Very Poor
- During the past month, how would you describe the usual arthritis pain in your hip?
 Very severe Severe Moderate Mild None
- During the past month, how often have you had to take medication for your arthritis?
 Always Very often Fairly often Sometimes Never
- During the past month, how often have you had severe arthritis pain in your hip?
 Everyday Several days/week 1 day/week One day/month Never
- How often have you had hip arthritis pain at rest, either sitting or lying down?
 Everyday Several days/week 1 day/week One day/month Never
- How far can you walk without resting because of your hip arthritis pain?
 Unable to walk Less than one city block 1 to <10 city blocks 10 to 20 city blocks Unlimited
- How much assistance do you need for walking?
 Unable to walk Walk only with someone's help
 Two crutches or walker every day Two crutches or walker several days/week
 Two crutches or walker once/week or less One or one crutch every day
 One or one crutch several days per week One or one crutch once per week
 One or one crutch once per month No assistance
- How much difficulty do you have going up or down one flight of stairs because of your hip arthritis?
 Unable Require someone's assistance Require crutch or cane Require banister No difficulty
- How much difficulty do you have putting on your shoes and socks because of your hip arthritis?
 Unable Require someone's assistance Require long shoehorn and reacher
 Some difficulty but no devices required No difficulty
- Are you able to use public transportation?
 No, because of my hip arthritis No, but for some other reason Yes, able to use public transportation
- When you bathe—either a sponge bath or in a tub or shower—how much help do you need?
 No help at all Help with bathing one part of your body, like back or leg
 Help with bathing more than one part of your body
- If you had the necessary transportation, could you go shopping for groceries or clothes?
 Without help (taking care of all shopping needs yourself)
 With some help (need someone to go with you to help on all shopping trips)
 Completely unable to do any shopping
- If you had household tools and appliances (vacuum, mops, and so on) could you do your own housework?
 Without help (can clean floors, windows, refrigerator, and so on)
 With some help (can do light housework, but need help with some heavy work)
 Completely unable to do any housework
- How well are you able to move around?
 Able to get in and out of bed without the help of another person
 Need the help of another person to get in and out of bed or chair
 Not able to get out of bed

Examiner: _____