

	Name	
	Date	
Tick your answer in this column ↓		
1) How would you describe the pain you usually have from your hip?	4 None	
	3 Very Mild	
	2 Mild	
	1 Moderate	
	0 Severe	
2) Have you had any trouble with washing and drying yourself (all over) because of your hip?	4 No trouble at all	
	3 Very little trouble	
	2 Moderate trouble	
	1 Extreme difficulty	
	0 Impossible to do	
3) 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)	4 No trouble at all	
	3 Very little trouble	
	2 Moderate trouble	
	1 Extreme difficulty	
	0 Impossible to do	
4) Have you been able to put on a pair of socks, stockings or tights?	4 Yes, easily	
	3 With little difficulty	
	2 With moderate difficulty	
	1 With extreme difficulty	
	0 No, impossible	
5) Could you do the household shopping on your own?	4 Yes, easily	
	3 With little difficulty	
	2 With moderate difficulty	
	1 With extreme difficulty	
	0 No, impossible	
6) For how long have you been able to walk before pain from your hip becomes severe? (with or without a stick)	4 No pain / more than 30 minutes	
	3 Sixteen to thirty minutes	
	2 Five to fifteen minutes	
	1 Around the house only	
	0 Not at all – severe pain walking	

Tick your answer in this column ↓		
7) Have you been able to climb a flight of stairs?	4 Yes, easily	
	3 With little difficulty	
	2 With moderate difficulty	
	1 With extreme difficulty	
	0 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?	4 Not at all painful	
	3 Slightly painful	
	2 Moderately painful	
	1 Very painful	
	0 Unbearable	
9) Have you been limping when walking because of your hip?	4 Rarely / never	
	3 Sometimes, or just at first	
	2 Often, not just at first	
	1 Most of the time	
	0 All of the time	
10) During the past 4 weeks have you had any sudden, severe pain – ‘shooting’, ‘stabbing’, or ‘spasms’ – from the affected hip?	4 No days	
	3 Only 1 or 2 days	
	2 Some days	
	1 Most days	
	0 Every day	
11) How much has pain from your hip interfered with your usual work (including housework)?	4 Not at all	
	3 A little bit	
	2 Moderately	
	1 Greatly	
	0 Totally	
12) During the past 4 weeks have you been troubled by pain from your hip in bed at night?	4 No nights	
	3 Only 1 or 2 nights	
	2 Some nights	
	1 Most nights	
	0 Every night	
TOTAL		
PERCENT = (TOTAL / 48) x 100		