

During the past 4 weeks...

✓ tick one box
for every question

7

During the past 4 weeks.....

Have you been able to climb a flight of stairs?

Yes,
Easily

☐ 4

With little
difficulty

☐ 3

With moderate
difficulty

☐ 2

With extreme
difficulty

☐ 1

No,
Impossible

☐ 0

8

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

☐ 4

Slightly
painful

☐ 3

Moderately
painful

☐ 2

Very
painful

☐ 1

Unbearable

☐ 0

9

During the past 4 weeks.....

Have you been limping when walking, because of your hip?

Rarely/
never

☐ 4

Sometimes, or
just at first

☐ 3

Often, not
just at first

☐ 2

Most of
the time

☐ 1

All of
the time

☐ 0

10

During the past 4 weeks.....

Have you had any sudden, severe pain - 'shooting', 'stabbing' or 'spasms' - from the affected hip?

No days

☐ 4

Only 1 or 2 days

☐ 3

Some days

☐ 2

Most days

☐ 1

Every day

☐ 0

11

During the past 4 weeks.....

How much has pain from your hip interfered with your usual work (including housework)?

Not at all

☐ 4

A little bit

☐ 3

Moderately

☐ 2

Greatly

☐ 1

Totally

☐ 0

12

During the past 4 weeks.....

Have you been troubled by pain from your hip in bed at night?

No
nights

☐ 4

Only 1 or 2
nights

☐ 3

Some
nights

☐ 2

Most
nights

☐ 1

Every
night

☐ 0

hip

Problems with your hip

During the past 4 weeks..

✓ tick one box
for every question.

1.	<p>During the past 4 weeks.....</p> <p>How would you describe the pain you <u>usually</u> had from your hip?</p> <table> <tr> <td>None</td> <td>Very mild</td> <td>Mild</td> <td>Moderate</td> <td>Severe</td> </tr> <tr> <td><input type="checkbox"/> 4</td> <td><input type="checkbox"/> 3</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 0</td> </tr> </table>					None	Very mild	Mild	Moderate	Severe	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
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2.	<p>During the past 4 weeks.....</p> <p>Have you had any trouble with washing and drying yourself (all over) <u>because of your hip</u>?</p> <table> <tr> <td>No trouble at all</td> <td>Very little trouble</td> <td>Moderate trouble</td> <td>Extreme difficulty</td> <td>Impossible to do</td> </tr> <tr> <td><input type="checkbox"/> 4</td> <td><input type="checkbox"/> 3</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 0</td> </tr> </table>					No trouble at all	Very little trouble	Moderate trouble	Extreme difficulty	Impossible to do	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
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3.	<p>During the past 4 weeks.....</p> <p>Have you had any trouble getting in and out of a car or using public transport <u>because of your hip</u>? (<i>whichever you tend to use</i>)</p> <table> <tr> <td>No trouble at all</td> <td>Very little trouble</td> <td>Moderate trouble</td> <td>Extreme difficulty</td> <td>Impossible to do</td> </tr> <tr> <td><input type="checkbox"/> 4</td> <td><input type="checkbox"/> 3</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 0</td> </tr> </table>					No trouble at all	Very little trouble	Moderate trouble	Extreme difficulty	Impossible to do	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
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5.	<p>During the past 4 weeks.....</p> <p>Could you do the household shopping <u>on your own</u>?</p> <table> <tr> <td>Yes, Easily</td> <td>With little difficulty</td> <td>With moderate difficulty</td> <td>With extreme difficulty</td> <td>No, Impossible</td> </tr> <tr> <td><input type="checkbox"/> 4</td> <td><input type="checkbox"/> 3</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 0</td> </tr> </table>					Yes, Easily	With little difficulty	With moderate difficulty	With extreme difficulty	No, Impossible	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
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6.	<p>During the past 4 weeks.....</p> <p>For how long have you been able to walk before <u>pain from your hip</u> becomes severe? (<i>with or without a stick</i>)</p> <table> <tr> <td>No pain/ More than 30 minutes</td> <td>16 to 30 minutes</td> <td>5 to 15 minutes</td> <td>Around the house <u>only</u></td> <td>Not at all -pain severe on walking</td> </tr> <tr> <td><input type="checkbox"/> 4</td> <td><input type="checkbox"/> 3</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 0</td> </tr> </table>					No pain/ More than 30 minutes	16 to 30 minutes	5 to 15 minutes	Around the house <u>only</u>	Not at all -pain severe on walking	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
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