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.

1. Considering all the ways that your hip arthritis affects you, mark how well you are doing.
   ( ) Very well ( ) Well ( ) Fair ( ) Poor ( ) Very Poor

2. During the past month, how would you describe the usual arthritis pain in your hip?
   ( ) Very severe ( )Severe ( )Moderate ( )Mild ( )None

3. During the past month, how often have you had to take medication for your arthritis?
   ( ) Always ( ) Very often ( ) Fairly often ( ) Sometimes ( ) Never

4. 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

5. 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

6. 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

7. 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
   ( ) Cane or one crutch every day
   ( ) Cane or one crutch several days per week
   ( ) Cane or one crutch once per week
   ( ) Cane or one crutch once per month
   ( ) No assistance

8. 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

9. 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 devises required ( ) No difficulty

10. 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

11. 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

12. 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

13. 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

14. 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: _____

With permission from: Johanson NA, Charlson ME, Szatrowski TP, Ranawat CS. A self-administered hip-rating questionnaire for the assessment of outcome after total hip replacement. *J Bone Joint Surg* 1992; 74A (4): 587-597.