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: ____________________________________________