

**HIP RATING QUESTIONNAIRE**

Which hip is affected by pain?

Left    Right    Both

*Please answer the following questions about the hip(s) you have just indicated*

1. Considering all the ways that your hip affects you, how well do you feel you are doing on a scale of 0-100? (0-very well to 100-very poor) \_\_\_\_\_

*Circle one response for each question.*

2. During the past month, how would you describe the usual pain in your hip?  
a-2. Very severe  
b-4. Severe  
c-6. Moderate  
d-8 Mild  
e-10. None

3. During the past month, how often have you had to take medication for your hip pain?  
a-1. Always  
b-2. Very often  
c-3. Fairly often  
d-4 Sometimes  
e-5 Never

4. During the past month, how often have you had severe pain in you hip?  
a-1. Every day  
b-2. Several days per week  
c-3. One day per week  
d-4 One day per month  
e-5 Never

5. How often have you had hip pain at rest, either sitting or lying down?  
a-1. Every day  
b-2 Several days per week  
c-3 One day per week  
d-4 One day per month  
e-5 Never

6. How far can you walk without resting because of you hip pain?  
a-3. Unable to walk  
b-6. Less than one city block  
c-9. 1 to <10 city blocks  
d-12. 10 to 20 city blocks  
e-15 Unlimited

7. How much assistance do you need for walking? (maximum 10 points).  
a-1. Unable to walk  
b-2. Walk only with someone's help  
c-3. Two crutches or walker every day  
d-4. Two crutches or walker several days per week  
e-5. Two crutches or walker once per week or less  
f-6. Cane or one crutch every day  
g-7. Cane or one crutch several days per week  
h-8. Cane or one crutch once per week  
i-9. Cane or one crutch once per month  
j-10. No assistance

8. How much difficulty do you have going up or down one flight of stairs because of you hip pain?  
a-1. Unable  
b-2. Require someone's assistance  
c-3. Require crutch or cane  
d-4. Require banister  
e-5. No difficulty

9. How much difficulty do you have putting on your shoes and socks because of you hip pain?  
a-1. Unable  
b-2. Require someone's assistance  
c-3. Require long shoehorn and reacher  
d-4. Some difficulty, but no devices required  
e-5. No difficulty

10. Are you able to use public transportation? (maximum 3 points)  
a-1. No because of hip pain  
b-2. No for some other reasons  
c-3. Yes

11. When you bathe-either a sponge bath or in a tub or shower-how much help do you need?  
a-3. No help at all  
b-2. Help with bathing one part of my body, like back or leg  
c-1. Help with bathing more than on part of my body.

12. If you had the necessary transportation under what circumstances could you go shopping for groceries or clothes? (maximum 3 points)  
a-3. Without help (taking care of all shopping needs myself)  
b-2. With some help (need someone to go with me to help on all the shopping trips  
c-1. Completely unable to shop.

13. If you had household tools and appliances (vacuum, mops and so on) could you do your own housework? (maximum 3 points)  
a-3. Without help(can clean floors, windows refrigerator and so on)  
b-2. With some help (can do light housework, but need help with some heavy work)  
c-1. Completely unable to do any housework

14. How well are you able to move around? (maximum 3 points)  
a-3. Able to get in and out of bed or chair without the help of another person  
b-2. Need the help of another person to get in and out of bed or chair  
c-1. Not able to get out of bed

*This is the end of the Hip-Rating Questionnaire.  
Thank you.*

Total: \_\_\_\_\_  
Divided by 4:

SCORE:

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