

HIP PROBLEM: **Left Hip** **Right Hip** **Both Hips**

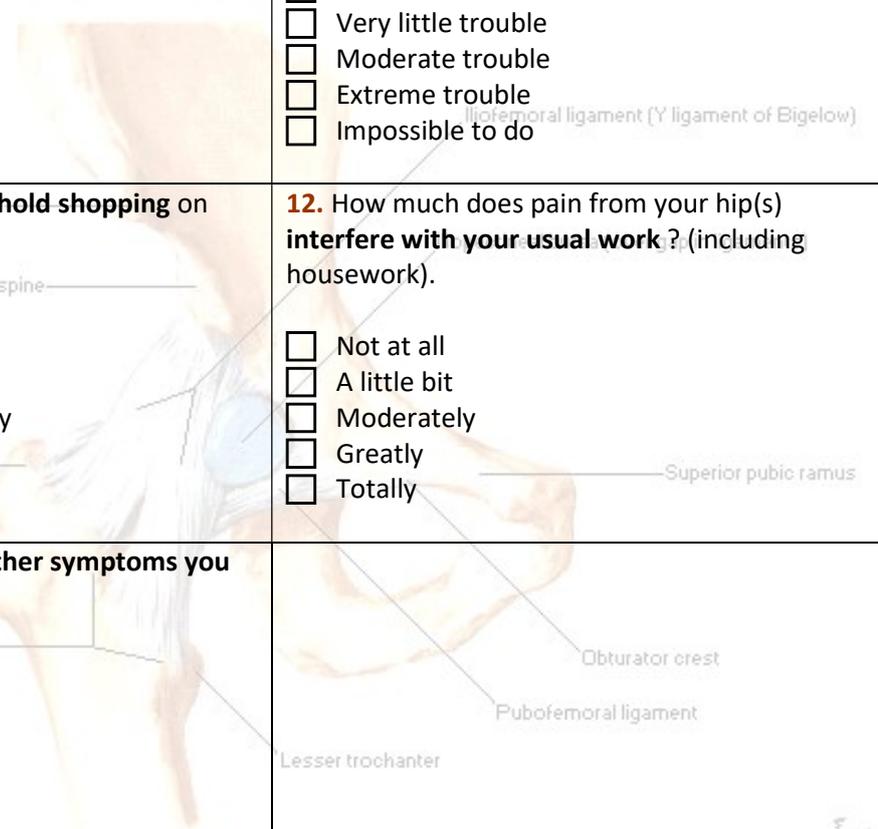
PATIENT NAME: _____ **Today's date:** / /

If you are seeing Associate Professor Kurmis regarding your hip(s), you please answer the following 12 questions.

Place a tick next to the words that best describes **your symptoms in the last 4 weeks.**

Hip Joint Anterior View	
<p>1. How would you describe the pain you usually have in your hip(s) ?</p> <p> <input type="checkbox"/> None <input type="checkbox"/> Very mild <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe </p>	<p>2. How often are you troubled by pain in your hip(s) in bed at night ?</p> <p> <input type="checkbox"/> Never <input type="checkbox"/> Only 1 or 2 nights <input type="checkbox"/> Some nights <input type="checkbox"/> Most nights <input type="checkbox"/> Every night </p>
<p>3. Have you had any sudden severe pain, shooting, spasms or stabbings from your affected hip(s) ?</p> <p> <input type="checkbox"/> Never <input type="checkbox"/> Only once or twice <input type="checkbox"/> Some days <input type="checkbox"/> Most days <input type="checkbox"/> Every day </p>	<p>4. How often do you limp when walking because of your hip(s) ?</p> <p> <input type="checkbox"/> Rarely / never <input type="checkbox"/> Sometimes, just at first <input type="checkbox"/> Often, not just at first <input type="checkbox"/> Most of the time <input type="checkbox"/> All of the time </p>
<p>5. For how long are able to walk before the pain in your hip(s) becomes severe ?</p> <p> <input type="checkbox"/> No pain for up to 30 minutes <input type="checkbox"/> 16 to 30 minutes <input type="checkbox"/> 5 to 15 minutes <input type="checkbox"/> Around the house only <input type="checkbox"/> Not at all </p>	<p>6. Are you able to climb a flight of stairs ?</p> <p> <input type="checkbox"/> Yes, easily <input type="checkbox"/> With little difficulty <input type="checkbox"/> With moderate difficulty <input type="checkbox"/> With extreme difficulty <input type="checkbox"/> No, impossible </p>
<p>7. Are you able to put on a pair of socks or shoes without assistance ?</p> <p> <input type="checkbox"/> Yes, easily <input type="checkbox"/> With little difficulty <input type="checkbox"/> With moderate difficulty <input type="checkbox"/> With extreme difficulty <input type="checkbox"/> No, impossible </p>	<p>8. After having been sitting for several minutes, how painful is it for you to stand up from a chair because of your hip(s)?</p> <p> <input type="checkbox"/> No pain <input type="checkbox"/> Slightly painful <input type="checkbox"/> Moderately painful <input type="checkbox"/> Extremely painful <input type="checkbox"/> Unbearable </p>

HIP PROBLEMS (CONTINUED):

<p>9. Do you have any trouble getting in or out of a car or using public transport because of your hip(s) ?</p> <p><input type="checkbox"/> No trouble at all <input type="checkbox"/> Very little trouble <input type="checkbox"/> Moderate trouble <input type="checkbox"/> Extreme trouble <input type="checkbox"/> Impossible to do</p>	<p>10. Do you have trouble with self care (for example, washing or drying yourself all over) because of your hip(s) ?</p> <p><input type="checkbox"/> No trouble at all <input type="checkbox"/> Very little trouble <input type="checkbox"/> Moderate trouble <input type="checkbox"/> Extreme trouble <input type="checkbox"/> Impossible to do</p>
<p>11. Could you do the household shopping on your own ?</p> <p><input type="checkbox"/> Yes, easily <input type="checkbox"/> With little difficulty <input type="checkbox"/> With moderate difficulty <input type="checkbox"/> With extreme difficulty <input type="checkbox"/> No, impossible</p>	<p>12. How much does pain from your hip(s) interfere with your usual work ? (including housework).</p> <p><input type="checkbox"/> Not at all <input type="checkbox"/> A little bit <input type="checkbox"/> Moderately <input type="checkbox"/> Greatly <input type="checkbox"/> Totally</p>
<p>Please list / describe any other symptoms you may have with your hip(s):</p>  <p style="text-align: right;"></p>	