



☐ RIGHT HIP

☐ LEFT HIP

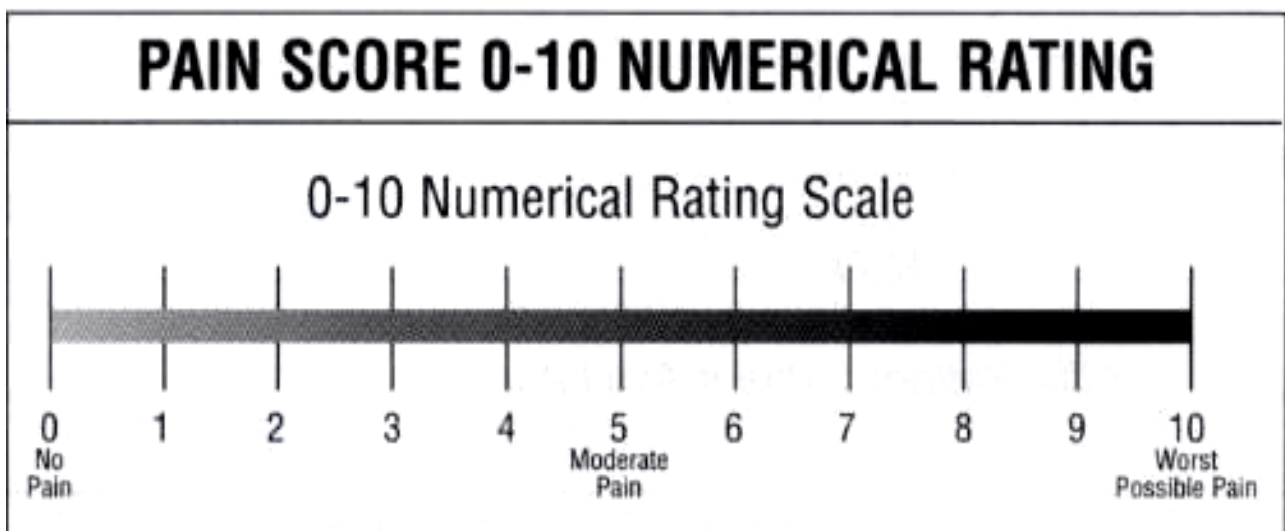
Today's Date: _____

HIP PAIN: Questionnaire (please complete part 1. and 2.)

Thank you for agreeing to participate in this project. Please fill out the following 2 part questionnaire which will help us monitor your progress and assist with continuing medical research.

Part 1. VISUAL ANALOGUE SCORE

Please indicate the severity of your hip pain today by circling only **one** number on the scale below



Part 2. OXFORD HIP SCORE

Please circle one answer that best describes your experience for each question **during the last 4 weeks:**

1. How would you describe the pain you usually have in your hip ?
 - a. None
 - b. Very Mild
 - c. Mild
 - d. Moderate
 - e. Severe

2. Have you been troubled by pain from your hip in bed at night ?
 - a. No nights
 - b. Only 1 or 2 nights
 - c. Some nights
 - d. Most nights
 - e. Every night
3. Have you had any sudden, severe pain (shooting/stabbing or spasms) from your affected hip ?
 - a. No days
 - b. Only 1 or 2 days
 - c. Some days
 - d. Most days
 - e. Every day
4. Have you been limping when walking because of your hip ?
 - a. Rarely/never
 - b. Sometimes or just at first
 - c. Often, not just at first
 - d. Most of the time
 - e. All of the time
5. For how long have you been able to walk before the pain in your hip becomes severe (with or without a walking aid) ?
 - a. No pain for 30minutes or more
 - b. 16 to 30 minutes
 - c. 5 to 15 minutes
 - d. Around the house only
 - e. Not at all
6. Have you been able to climb a flight of stairs ?
 - a. Yes easily
 - b. With little difficulty
 - c. With moderate difficulty
 - d. With extreme difficulty
 - e. No, impossible
7. Have you been able to put on a pair of socks, stockings or tights ?
 - a. Yes, easily
 - b. With little difficulty
 - c. With moderate difficulty
 - d. With extreme difficulty
 - e. No, impossible

8. After a meal (sat at a table), how painful has it been for you to stand up from a chair because of your hip ?
- a. Not at all painful
 - b. Slightly painful
 - c. Moderately painful
 - d. Very painful
 - e. Unbearable
9. Have you had any trouble getting in and out of a car or using public transportation because of your hip ?
- a. No trouble at all
 - b. Very little trouble
 - c. Moderate trouble
 - d. Extreme difficulty
 - e. Impossible to do so
10. Have you had any trouble with washing and drying yourself (all over) because of your hip ?
- a. No trouble at all
 - b. Very little trouble
 - c. Moderate trouble
 - d. Extreme difficulty
 - e. Impossible to do
11. Could you do the household shopping on your own ?
- a. Yes, easily
 - b. With little difficulty
 - c. With moderate difficulty
 - d. With extreme difficulty
 - e. No, impossible
12. How much has pain from your hip interfered with your usual work, including Housework?
- a. Not at all
 - b. A little bit
 - c. Moderately
 - d. Greatly
 - e. Totally

END OF QUESTIONNAIRE, THANK YOU