



Adult iHOT³³

INTERNATIONAL
HIP OUTCOME TOOL

Name

Today's Date

TICK WHICH HIP ?

If we have asked you to tell us about one hip in particular, tick that. Otherwise tick the one which causes most trouble

☐ **Left**

☐ **Right**

INSTRUCTIONS

- To answer a question, put a **single** mark anywhere on the line to indicate your level of impairment
- For example, the first question asks how often your hip aches - if this occurs **constantly**, mark the line at the **far left** such as in the example below:

Q01 How often does your hip/groin ache?

CONSTANTLY



NEVER

- If your hip only aches some of the time, then the mark would be closer to the "never" end, such as in the example below:

Q01 How often does your hip/groin ache?

CONSTANTLY



NEVER

- Answers towards the **left** indicate **MORE** impairment
- Answers to the **right** indicate **LESS** impairment
- Please think about how you have felt most of the time **over the past month** and answer accordingly

Tip: If you do not do an activity, imagine how your hip would feel if you had to try it.

SECTION 1 | SYMPTOMS AND FUNCTIONAL LIMITATIONS

PLEASE ANSWER ALL THE QUESTIONS AS SHOWN IN THE EXAMPLE ABOVE:

Q01 How often does your hip/groin ache?

CONSTANTLY

NEVER

Q02 How stiff is your hip as a result of sitting/resting during the day?

EXTREMELY STIFF

NOT STIFF AT ALL

Q03 How difficult is it for you to walk long distances?

EXTREMELY
DIFFICULT

NOT DIFFICULT AT ALL

Q04 How much pain do you have in your hip while sitting?

EXTREME PAIN _____ NO PAIN AT ALL

Q05 How much trouble do you have standing on your feet for long periods of time?

SEVERE TROUBLE _____ NO TROUBLE AT ALL

Q06 How difficult is it for you to get up and down off the floor/ground?

EXTREMELY _____ NOT DIFFICULT AT ALL
DIFFICULT

Q07 How difficult is it for you to walk on uneven surfaces?

EXTREMELY _____ NOT DIFFICULT AT ALL
DIFFICULT

Q08 How difficult is it for you to lie on your affected hip side?

EXTREMELY _____ NOT DIFFICULT AT ALL
DIFFICULT

Q09 How much trouble do you have with stepping over obstacles?

SEVERE TROUBLE _____ NO TROUBLE AT ALL

Q10 How much trouble do you have with climbing up/down stairs?

SEVERE TROUBLE _____ NO TROUBLE AT ALL

Q11 How much trouble do you have with rising from a sitting position?

SEVERE TROUBLE _____ NO TROUBLE AT ALL

Q12 How much discomfort do you have with taking long strides?

EXTREME _____ NO DISCOMFORT AT ALL
DISCOMFORT

Q13 How much difficulty do you have with getting into and/or out of a car?

EXTREME _____ NO DIFFICULTY AT ALL
DIFFICULTY

Q14 How much trouble do you have with grinding, catching or clicking in your hip?

SEVERE TROUBLE _____ NO TROUBLE AT ALL

Q15 How much difficulty do you have with putting on/taking off socks, stockings or shoes?

EXTREME _____ NO DIFFICULTY AT ALL
DIFFICULTY

Q16 Overall, how much pain do you have in your hip/groin?

EXTREME PAIN _____ NO PAIN AT ALL

SECTION 2 | SPORTS AND RECREATIONAL ACTIVITIES

The following questions ask about your **hip** when you participate in sports and recreational activities. Please think about how you have felt most of the time over the past **month** and answer accordingly.

Q17 How concerned are you about your ability to maintain your desired fitness level?

EXTREMELY _____ NOT CONCERNED AT ALL
CONCERNED

Q18 How much pain do you experience in your hip after activity?

EXTREME PAIN _____ NO PAIN AT ALL

Q19 How concerned are you that the pain in your hip will increase if you participate in sports or recreational activities?

EXTREMELY _____ NOT CONCERNED AT ALL
CONCERNED

Q20 How much has your quality of life deteriorated because you cannot participate in sport or recreational activities?

EXTREMELY _____ NOT DETERIORATED AT ALL
DETERIORATED

Q21 How concerned are you about cutting/changing directions during your sport or recreational activities?

☐ I do not do this action in my activities

EXTREMELY _____ NOT CONCERNED AT ALL
CONCERNED

Q22 How much has your performance level decreased in your sport or recreational activities?

EXTREMELY _____ NOT DECREASED AT ALL
DECREASED

SECTION 3 | JOB RELATED CONCERNS

The following questions relate to your hip with respect to your current work. Please think about how you have felt most of the time over the past month and answer accordingly.

- ☐ I do not work because of my hip (*please skip section*)

☐ I do not work for reasons other than my hip (*please skip section*)

Q23 How much trouble do you have pushing, pulling, lifting or carrying heavy objects at work?

- ☐ I do not do these actions in my activities

SEVERE TROUBLE _____ NO TROUBLE AT ALL

Q24 How much trouble do you have with crouching/squatting?

SEVERE TROUBLE _____ NO TROUBLE AT ALL

Q25 How concerned are you that your job will make your hip worse?

EXTREMELY _____ NOT CONCERNED AT ALL
CONCERNED

Q26 How much difficulty do you have at work because of reduced hip mobility?

EXTREME _____ NO DIFFICULTY AT ALL
DIFFICULTY

SECTION 4 | SOCIAL, EMOTIONAL AND LIFESTYLE CONCERNS

The following questions ask about social, emotional and lifestyle concerns that you may feel with respect to your hip problem. Please think about how you have felt most of the time over the past month and answer accordingly.

Q27 How frustrated are you because of your hip problem?

EXTREMELY _____ NOT FRUSTRATED AT ALL
FRUSTRATED

Q28 How much trouble do you have with sexual activity because of your hip?

- ☐ This is not relevant to me

SEVERE TROUBLE _____ NO TROUBLE AT ALL

Q29 How much of a distraction is your hip problem?

EXTREME
DISTRACTION

NO DISTRACTION AT ALL

Q30 How difficult is it for you to release tension and stress because of your hip problem?

EXTREMELY
DIFFICULT

NOT DIFFICULT AT ALL

Q31 How discouraged are you because of your hip problem?

EXTREMELY
DISCOURAGED

NOT DISCOURAGED AT ALL

Q32 How concerned are you about picking up or carrying children because of your hip?

☐ I do not do these actions in my activities

EXTREMELY
CONCERNED

NOT CONCERNED AT ALL

Q33 How much of the time are you aware of the disability in your hip?

CONSTANTLY
AWARE

NOT AWARE AT ALL

END OF QUESTIONNAIRE, THANK YOU