DATE: PATIENT DETAILS: (apply sticky label)

PROBLEMS BECAUSE OF YOUR HIP

During the past 4 weeks…….. √ tick one box for every question

During the past 4 weeks……..

How would you describe the pain you usually have from your hip?

None	Very mild	Mild	Moderate	Severe
☐	☐	☐	☐	☐

During the past 4 weeks……..

Have you had any trouble with washing and drying yourself (all over) because of your hip?

No trouble at all	Very little trouble	Moderate trouble	Extreme difficulty	Impossible to do
☐	☐	☐	☐	☐

During the past 4 weeks……..

Have you had any trouble getting in and out of a car or using public transport because of your hip? (which ever you would tend to use)

No trouble at all	Very little trouble	Moderate trouble	Extreme difficulty	Impossible to do
☐	☐	☐	☐	☐

During the past 4 weeks……..

For how long have you been able to walk before pain from your hip becomes severe? (with or without a stick)

No pain/ More than 30 minutes	16 to 30 minutes	5 to 15 minutes	Around the house only	Not at all -pain severe when walking
☐	☐	☐	☐	☐

During the past 4 weeks……..

After a meal (sat at a table), how painful has it been for you to stand up from a chair because of your hip?

Not at all painful	Slightly painful	Moderately painful	Very painful	Unbearable
☐	☐	☐	☐	☐

During the past 4 weeks……..

Have you been limping when walking because of your hip?

Rarely/ never	Sometimes, or just at first	Often, not just at first	Most of the time	All of the time
☐	☐	☐	☐	☐

P.T.O.

During the past 4 weeks……..

√ tick one box for every question

During the past 4 weeks……..

Have you had any sudden, severe pain - "shooting", "stabbing" or spasms - from the affected hip?

No days	Only 1 or 2 days	Some days	Most days	Every day
☐	☐	☐	☐	☐

During the past 4 weeks……..

Have you been troubled by pain from your hip in bed at night?

No nights	Only 1 or 2 nights	Some nights	Most nights	Every night
☐	☐	☐	☐	☐

During the past 4 weeks……..

How much has pain from your hip interfered with your usual work? (including housework)

Not at all	A little bit	Moderately	Greatly	Totally
☐	☐	☐	☐	☐

During the past 4 weeks……..

Have you been able to put on a pair of socks, stockings or tights??

Yes, Easily	Very little difficulty	Moderate difficulty	With extreme difficulty	No, impossible
☐	☐	☐	☐	☐

During the past 4 weeks……..

Could you do the household shopping on your own?

Yes, Easily	Very little difficulty	Moderate difficulty	With extreme difficulty	No, impossible
☐	☐	☐	☐	☐

During the past 4 weeks……..

Have you been able to climb a flight of stairs?

Yes, Easily	Very little difficulty	Moderate difficulty	With extreme difficulty	No, impossible
☐	☐	☐	☐	☐

Please now hand this in to the doctor who is to see you

For administration only

Dated ☐ Patients Details Added ☐ Score = /48 (48 = best function)

Reported -10/+10 VAS improvement at 6/12 =

Please return to John Hardy, Chelsea Outpatient Centre, 280 Kings Road, London SW3 5AW.