

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 <u>usually</u> 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) <u>because of your hip</u> ?				
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 <u>because of your hip</u> ? (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 <u>pain from your hip</u> 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 <u>because of your hip</u> ?				
Not at all painful	Slightly painful	Moderately painful	Very painful	Unbearable
During the past 4 weeks.....				
Have you been limping when walking <u>because of your hip</u> ?				
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 <u>pain from your hip</u> 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 <u>pain from your hip</u> 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 <u>on your own</u>?				
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, BUPA Hospital, 3 Redland Hill, Bristol, BS6 6UT.		