# Problems with your hip

**During the past 4 weeks..**

✓ tick one box for every question.

1. **During the past 4 weeks.........**
   
   How would you describe the pain you **usually** had from your hip?

<table>
<thead>
<tr>
<th>None</th>
<th>Very mild</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
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</table>

2. **During the past 4 weeks.........**

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

<table>
<thead>
<tr>
<th>No trouble at all</th>
<th>Very little trouble</th>
<th>Moderate trouble</th>
<th>Extreme difficulty</th>
<th>Impossible to do</th>
</tr>
</thead>
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3. **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? (whichever you tend to use)

<table>
<thead>
<tr>
<th>No trouble at all</th>
<th>Very little trouble</th>
<th>Moderate trouble</th>
<th>Extreme difficulty</th>
<th>Impossible to do</th>
</tr>
</thead>
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4. **During the past 4 weeks.........**

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

<table>
<thead>
<tr>
<th>Yes, Easily</th>
<th>With little difficulty</th>
<th>With moderate difficulty</th>
<th>With extreme difficulty</th>
<th>No, Impossible</th>
</tr>
</thead>
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</table>

5. **During the past 4 weeks.........**

   Could you do the household shopping on your own?

<table>
<thead>
<tr>
<th>Yes, Easily</th>
<th>With little difficulty</th>
<th>With moderate difficulty</th>
<th>With extreme difficulty</th>
<th>No, Impossible</th>
</tr>
</thead>
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</table>

6. **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)

<table>
<thead>
<tr>
<th>No pain/ More than 30 minutes</th>
<th>16 to 30 minutes</th>
<th>5 to 15 minutes</th>
<th>Around the house only</th>
<th>Not at all - pain severe on walking</th>
</tr>
</thead>
<tbody>
<tr>
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<td>[ ]</td>
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</tbody>
</table>
**During the past 4 weeks...**

1. Have you been able to climb a flight of stairs?
   - Yes, Easily
   - With little difficulty
   - With moderate difficulty
   - With extreme difficulty
   - No, Impossible

2. 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

3. 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

4. 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

5. How much has pain from your hip interfered with your usual work (including housework)?
   - Not at all
   - A little bit
   - Moderately
   - Greatly
   - Totally

6. 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

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