

## HIP RATING QUESTIONNAIRE

Patient Name \_\_\_\_\_

Date \_\_\_\_\_

**Please read carefully:**

Which hip is affected by arthritis?     Left     Right     Both

Instructions: Please answer the following questions about the hip(s) you have just indicated.

1. Considering all the ways that your hip arthritis affects you, mark how well you are doing.  
 Very well     Well     Fair     Poor     Very Poor
2. During the past month, how would you describe the usual arthritis pain in your hip?  
 Very severe     Severe     Moderate     Mild     None
3. During the past month, how often have you had to take medication for your arthritis?  
 Always     Very often     Fairly often     Sometimes     Never
4. During the past month, how often have you had severe arthritis pain in your hip?  
 Everyday     Several days/week     1 day/week     One day/month     Never
5. How often have you had hip arthritis pain at rest, either sitting or lying down?  
 Everyday     Several days/week     1 day/week     One day/month     Never
6. How far can you walk without resting because of your hip arthritis pain?  
 Unable to walk     Less than one city block     1 to <10 city blocks     10 to 20 city blocks     Unlimited
7. How much assistance do you need for walking?  
 Unable to walk     Walk only with someone's help  
 Two crutches or walker every day     Two crutches or walker several days/week  
 Two crutches or walker once/week or less     Cane or one crutch every day  
 Cane or one crutch several days per week     Cane or one crutch once per week  
 Cane or one crutch once per month     No assistance
8. How much difficulty do you have going up or down one flight of stairs because of your hip arthritis?  
 Unable     Require someone's assistance     Require crutch or cane     Require banister     No difficulty
9. How much difficulty do you have putting on your shoes and socks because of your hip arthritis?  
 Unable     Require someone's assistance     Require long shoehorn and reacher  
 Some difficulty but no devises required     No difficulty
10. Are you able to use public transportation?  
 No, because of my hip arthritis     No, but for some other reason     Yes, able to use public transportation
11. When you bathe—either a sponge bath or in a tub or shower—how much help do you need?  
 No help at all     Help with bathing one part of your body, like back or leg  
 Help with bathing more than one part of your body
12. If you had the necessary transportation, could you go shopping for groceries or clothes?  
 Without help (taking care of all shopping needs yourself)  
 With some help (need someone to go with you to help on all shopping trips)  
 Completely unable to do any shopping
13. If you had household tools and appliances (vacuum, mops, and so on) could you do your own housework?  
 Without help (can clean floors, windows, refrigerator, and so on)  
 With some help (can do light housework, but need help with some heavy work)  
 Completely unable to do any housework
14. How well are you able to move around?  
 Able to get in and out of bed without the help of another person  
 Need the help of another person to get in and out of bed or chair  
 Not able to get out of bed

Examiner: \_\_\_\_\_