Please answer the following questions as they pertain to your hip:

**Pain:**
- None/Able to ignore it
- Slight, occasional, no compromise in activity
- Mild, no effect on ordinary activity, pain after usual activity, use aspirin/ibuprofen/Tylenol
- Moderate, tolerable, makes concessions, occasional narcotic
- Marked, serious limitations
- Totally disabled

**Function: Gait**

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>With ease</td>
</tr>
<tr>
<td>Slight</td>
<td>With difficulty</td>
</tr>
<tr>
<td>Moderate</td>
<td>Unable</td>
</tr>
<tr>
<td>Severe</td>
<td></td>
</tr>
<tr>
<td>Unable to walk</td>
<td></td>
</tr>
</tbody>
</table>

**Functional Activities**

**Stairs**

- Can go up/down normally
- Can go up/down normally with banister
- Any method
- Unable

**Socks/Shoes**

- With ease
- With difficulty
- Unable

**Sitting**

- Any chair, 1 hour
- High chair, ½ hour
- Unable to sit, ½ hour, any chair

**Public Transportation**

- Able to enter public transportation
- Unable to use public transportation (such as bus, or airport transportation)
APPENDIX 1. NONARTHritic HIP SCORE

INSTRUCTIONS: The following 5 questions concern the amount of pain you are currently experiencing in the hip that you are having evaluated today. For each situation, please circle the response that most accurately reflects the amount of pain experienced in the past 48 hours. Please circle one answer that best describes your situation.

QUESTION: How much pain do you have-

1. Walking on a flat surface?
   - 4 = none
   - 3 = mild
   - 2 = moderate
   - 1 = severe
   - 0 = extreme

2. Going up or down stairs?
   - 4 = none
   - 3 = mild
   - 2 = moderate
   - 1 = severe
   - 0 = extreme

3. At night while in bed?
   - 4 = none
   - 3 = mild
   - 2 = moderate
   - 1 = severe
   - 0 = extreme

4. Sitting or lying?
   - 4 = none
   - 3 = mild
   - 2 = moderate
   - 1 = severe
   - 0 = extreme

5. Standing upright?
   - 4 = none
   - 3 = mild
   - 2 = moderate
   - 1 = severe
   - 0 = extreme

INSTRUCTIONS: The following 4 questions concern the symptoms that you are currently experiencing in the hip that you are having evaluated today. For each situation, please circle the response that most accurately reflects the symptoms experienced in the past 48 hours. Please circle one answer that best describes your situation.

QUESTION: How much trouble do you have with-

1. Catching or locking of your hip?
   - 4 = none
   - 3 = mild
   - 2 = moderate
   - 1 = severe
   - 0 = extreme

2. Your hip giving out on you?
   - 4 = none
   - 3 = mild
   - 2 = moderate
   - 1 = severe
   - 0 = extreme

3. Stiffness in your hip?
   - 4 = none
   - 3 = mild
   - 2 = moderate
   - 1 = severe
   - 0 = extreme

4. Decreased motion in your hip?
   - 4 = none
   - 3 = mild
   - 2 = moderate
   - 1 = severe
   - 0 = extreme
**INSTRUCTIONS:** The following 5 questions concern your physical function. For each of the following activities, please circle the response that most accurately reflects the difficulty that you have experienced in the past 48 hours because of your hip pain. Please circle one answer that best describes your situation.

**QUESTION:** What degree of difficulty do you have with-

1. Descending stairs?
   - 4 = none
   - 3 = mild
   - 2 = moderate
   - 1 = severe
   - 0 = extreme

2. Ascending stairs?
   - 4 = none
   - 3 = mild
   - 2 = moderate
   - 1 = severe
   - 0 = extreme

3. Rising from sitting?
   - 4 = none
   - 3 = mild
   - 2 = moderate
   - 1 = severe
   - 0 = extreme

4. Putting on socks/stockings?
   - 4 = none
   - 3 = mild
   - 2 = moderate
   - 1 = severe
   - 0 = extreme

5. Rising from bed?
   - 4 = none
   - 3 = mild
   - 2 = moderate
   - 1 = severe
   - 0 = extreme

**INSTRUCTIONS:** The following 6 questions concern your ability to participate in certain types of activities. For each of the following activities, please circle the response that most accurately reflects the difficulty that you have experienced in the past month because of your hip pain. If you do not participate in a certain type of activity, please estimate how much trouble your hip would cause you if you had to perform that type of activity. Please circle one answer that best describes your situation.

**QUESTION:** How much trouble does your hip cause you when you participate in-

1. High demand sports involving sprinting or cutting (for example, football, basketball, tennis, and exercise aerobics)
   - 4 = none
   - 3 = mild
   - 2 = moderate
   - 1 = severe
   - 0 = extreme

2. Low demand sports (for example, golfing and bowling)
   - 4 = none
   - 3 = mild
   - 2 = moderate
   - 1 = severe
   - 0 = extreme

3. Jogging for exercise?
   - 4 = none
   - 3 = mild
   - 2 = moderate
   - 1 = severe
   - 0 = extreme

4. Walking for exercise?
   - 4 = none
   - 3 = mild
   - 2 = moderate
   - 1 = severe
   - 0 = extreme
5. Heavy household duties (for example, lifting firewood and moving furniture)?
   4 = none
   3 = mild
   2 = moderate
   1 = severe
   0 = extreme

6. Light household duties (for example, cooking, dusting, vacuuming, and doing laundry)?
   4 = none
   3 = mild
   2 = moderate
   1 = severe
   0 = extreme

INSTRUCTIONS: Please add the numbers associated with each of your 20 answers to arrive at the raw score, Multiply the raw score by 1.25 to obtain your hip score.

References
**Hip Outcome Score (HOS)**
**Activity of Daily Living Scale**

Please answer *every question* with *one response* that most closely describes to your condition within the past week. If the activity in question is limited by something other than your hip mark *not applicable* (N/A).

<table>
<thead>
<tr>
<th>Activity</th>
<th>No difficulty at all</th>
<th>Slight difficulty</th>
<th>Moderate difficulty</th>
<th>Extreme difficulty</th>
<th>Unable to do</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standing for 15 minutes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Getting into and out of an average car</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Putting on socks and shoes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walking up steep hills</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walking down steep hills</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Going up 1 flight of stairs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Going down 1 flight of stairs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stepping up and down curbs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deep squatting</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Getting into and out of a bath tub</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sitting for 15 minutes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walking initially</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walking approximately 10 minutes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walking 15 minutes or greater</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Because of your hip how much difficulty do you have with:

<table>
<thead>
<tr>
<th>Activity</th>
<th>No difficulty at all</th>
<th>Slight difficulty</th>
<th>Moderate difficulty</th>
<th>Extreme difficulty</th>
<th>Unable to do</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Twisting/pivoting on involved leg</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rolling over in bed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Light to moderate work (standing, walking)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heavy work (push/pulling, climbing, carrying)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recreational activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How would you rate your current level of function during your usual activities of daily living from 0 to 100 with 100 being your level of function prior to your hip problem and 0 being the inability to perform any of your usual daily activities?

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐.0 %
## Hip Outcome Score (HOS) Sports Scale

Because of your hip how much difficulty do you have with:

<table>
<thead>
<tr>
<th>Activity</th>
<th>No difficulty at all</th>
<th>Slight difficulty</th>
<th>Moderate difficulty</th>
<th>Extreme difficulty</th>
<th>Unable to do</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Running one mile</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jumping</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Swinging objects like a golf club</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Landing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Starting and stopping quickly</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cutting/lateral movements</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low impact activities like fast walking</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to perform activity with your normal technique</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to participate in your desired sport as long as you would like</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How would you rate your current level of function during your sports related activities from 0 to 100 with 100 being your level of function prior to your hip problem and 0 being the inability to perform any of your usual daily activities?

☐ ☐ ☐ 0 %

How would you rate your current level of function?

☐ Normal ☐ Nearly normal ☐ Abnormal ☐ Severely abnormal
NAME: \\

DATE: / / \\

INJURED HIP: ○ Right ○ Left ○ Both \\

VHS
Please complete the following based on your hip

<table>
<thead>
<tr>
<th>No Pain</th>
<th>Severe Pain</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Today:</td>
<td>○ 0</td>
</tr>
<tr>
<td>2. Following activity</td>
<td>○ 0</td>
</tr>
</tbody>
</table>

3. Please select the one response that best reflects your pain:
   ○ 1. None or you ignore it
   ○ 2. Slight, occasional, no compromise in activity
   ○ 3. Mild, no effect on average activities
   ○ 4. Moderate pain, tolerable but concessions to pain are made.
   ○ 5. Marked pain, serious limitation of activity
   ○ 6. Totally disabled, crippled, pain in bed, bedridden

4. After 6 to 9 blocks (about 1 mile), please describe how you would walk:(please select only one response)
   ○ 1. No limp
   ○ 2. Slight limp
   ○ 3. Moderate limp
   ○ 4. Severe limp

How much trouble do you have with...

<table>
<thead>
<tr>
<th></th>
<th>NONE</th>
<th>MILD</th>
<th>MODERATE</th>
<th>SEvere</th>
<th>EXTREME</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Stiffness in your hip?</td>
<td>○ 1</td>
<td>○ 2</td>
<td>○ 3</td>
<td>○ 4</td>
<td>○ 5</td>
</tr>
<tr>
<td>6. Decrease motion of your hip?</td>
<td>○ 1</td>
<td>○ 2</td>
<td>○ 3</td>
<td>○ 4</td>
<td>○ 5</td>
</tr>
</tbody>
</table>

Because of your hip, how much difficulty do you have with:

<table>
<thead>
<tr>
<th></th>
<th>No Difficulty at all</th>
<th>Slight Difficulty</th>
<th>Moderate Difficulty</th>
<th>Extreme Difficulty</th>
<th>Unable to do</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Twisting/pivoting on involved leg</td>
<td>○ 1</td>
<td>○ 2</td>
<td>○ 3</td>
<td>○ 4</td>
<td>○ 5</td>
<td>○ 6</td>
</tr>
<tr>
<td>8. Deep squatting</td>
<td>○ 1</td>
<td>○ 2</td>
<td>○ 3</td>
<td>○ 4</td>
<td>○ 5</td>
<td>○ 6</td>
</tr>
<tr>
<td>9. Heavy work (push/pulling, climbing, carrying)</td>
<td>○ 1</td>
<td>○ 2</td>
<td>○ 3</td>
<td>○ 4</td>
<td>○ 5</td>
<td>○ 6</td>
</tr>
<tr>
<td>10. Recreational activities</td>
<td>○ 1</td>
<td>○ 2</td>
<td>○ 3</td>
<td>○ 4</td>
<td>○ 5</td>
<td>○ 6</td>
</tr>
</tbody>
</table>

How would you rate your current level of function? ○ Normal ○ Nearly Normal ○ Abnormal ○ Severely Abnormal
MAHORN Hip Outcome Tool (MHOT14)
Quality of Life Questionnaire for Young, Active Patients with Hip Problems

Instructions:
- These questions ask about the problems you may be experiencing in your hip, how these problems affect your life, and the emotions you may feel because of these problems.
- Please answer each question with respect to the current status, function, circumstances and beliefs related to your hip.
- Consider the last month.
- The questions are formatted so that you can indicate the severity of the problem by marking the line below the question.

Please note:
Please mark the line with a slash at the point which most closely represents your situation.

- If you put a mark on the far left, it means that you feel you are significantly impaired. 
  For example:

Significantly impaired / No problems at all

- If you put a mark on the far right, it means that you do not think that you have any problems with your hip.
  For example:

Significantly impaired / No problems at all

If the mark is placed in the middle of the line, this indicates that you are moderately disabled, or in other words, between the extremes of ‘significantly impaired’ and ‘no problems at all’. It is important to put your mark at either end of the line if the extreme descriptions accurately reflect your situation.

If the question asks about something that you do not experience, please mark the option: ☑️ I do not do this action in my activities, where this is appropriate.
I: SYMPTOMS AND FUNCTIONAL LIMITATIONS

The following questions ask about symptoms that you may experience in your hip and about the function of your hip with respect to daily activities. Please think about how you have felt most of the time over the past month and answer accordingly.

1. How difficult is it for you to walk long distances?

<table>
<thead>
<tr>
<th>Extremely difficult</th>
<th>Not difficult at all</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Extremely difficult</th>
<th>Not difficult at all</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Extremely difficult</th>
<th>Not difficult at all</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Severe trouble</th>
<th>No trouble at all</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Extreme pain</th>
<th>No pain at all</th>
</tr>
</thead>
</table>
II: 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.

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

| Extremely concerned | Not concerned at all |

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

| Extreme pain | No pain at all |

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

☐ I do not do this action in my activities

| Extremely concerned | Not concerned at all |

III: JOB RELATED CONCERNS

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

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

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

☐ I do not do these actions in my work

| Severe trouble | No trouble at all |
10. How much difficulty do you have at work because of reduced hip mobility?

Extreme ___________________________ No difficulty
difficulty at all

IV: 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.

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

☐ This is not relevant to me

Severe ___________________________ No trouble
trouble at all

12. How much of a distraction is your hip problem?

Extreme ___________________________ No distraction
distraction at all

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

☐ I do not do this action in my activities

Extremely ___________________________ Not concerned
concerned at all

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

Constantly ___________________________ Not aware at all
aware

QUESTIONNAIRE COMPLETE!
THANK YOU!
“Quality of Life Questionnaire for Young, Active Patients with Hip Problems”

Scoring the questionnaire

This is a self administered questionnaire. Every question should be answered by the patients. There are exceptions as follows: questions i.e. #21, #28, #32, and the Job related concerns domain, allow patients to check a box that these items are not part of their activity or relevant. All other questions should be answered.

Each question has a response format which is a visual analogue scale that is meant to be exactly 100 mm in length. Therefore, each question can be answered from 0-100 points or 0-100%. Quality of life is a good thing therefore a higher score is better. A score of 100 would be considered optimal quality of life with respect to a person with a hip problem.

It is very simple to score the questionnaire. Measure each visual analogue line from left to right with a 100 mm ruler. Read the score from 0-100 and right down the number (eg. 22 mm equals a score of 22 etc.). The total score is the sum of all of the answered questions divided by the number of questions answered. For example: If a patient only answered 32 out of the 33 questions the numerator would be the sum of the 32 questions and the denominator would be 32.

It is also possible to obtain separate scores on each of the four domains of the questionnaire. The four domains are:
1. Symptoms and functional limitations
2. Sports and recreational activities
3. Job related concerns
4. Social, Emotional and Lifestyle concerns

The same formula applies to each domain by dividing the total score by the number of questions answered within the domain in question. Experience with other similar questionnaires demonstrates that some patients will be more or less impaired in one domain or the other. For example; a patient who has an office job may not have much impairment in their quality of life with respect to this domain. A professional athlete would likely be the opposite.

The questionnaire should be used at baseline assessment of the patient and at follow up appointments. It is recommended that a minimum of one month has passed between administrations of the Hip-QOL, since patients are asked to reflect their answers to the questions over the past month. It is more likely that changes in quality of life will be measureable at longer time periods such as 2-3 months.
MAHORN Hip Outcome Tool MHOT

Quality of Life Questionnaire for Young, Active Patients with Hip Problems

Instructions:
- These questions ask about the problems you may be experiencing in your hip, how these problems affect your life, and the emotions you may feel because of these problems.
- Please answer each question with respect to the current status, function, circumstances and beliefs related to your hip.
- Consider the last month.
- The questions are formatted so that you can indicate the severity of the problem by marking the line below the question.

Please note:
Please mark the line with a slash at the point which most closely represents your situation.

- If you put a mark on the far left, it means that you feel you are significantly impaired.
  For example:

  Significantly impaired / No problems at all

- If you put a mark on the far right, it means that you do not think that you have any problems with your hip.
  For example:

  Significantly impaired / No problems at all

If the mark is placed in the middle of the line, this indicates that you are moderately disabled, or in other words, between the extremes of ‘significantly impaired’ and ‘no problems at all’. It is important to put your mark at either end of the line if the extreme descriptions accurately reflect your situation.

If the question asks about something that you do not experience, please mark the option:
☑️ I do not do this action in my activities, where this is appropriate.
I: SYMPTOMS AND FUNCTIONAL LIMITATIONS

The following questions ask about symptoms that you may experience in your hip and about the function of your hip with respect to daily activities. Please think about how you have felt most of the time over the past month and answer accordingly.

1. How often does your hip/groin ache?

   Constantly ............................................. Never

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

   Extremely ................................................... Not stiff at all

3. How difficult is it for you to walk long distances?

   Extremely ................................................... Not difficult at all

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

   Extreme ........................................................ No pain at all

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

   Severe .......................................................... No trouble at all

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

   Extremely ................................................... Not difficult at all

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

   Extremely ................................................... Not difficult at all
8. How difficult is it for you to lie on your affected hip side?

Extremely ___________________________ Not difficult at all
difficult

9. How much trouble do you have with stepping over obstacles?

Severe ___________________________ No trouble at all
trouble

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

Severe ___________________________ No trouble at all
trouble

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

Severe ___________________________ No trouble at all
trouble

12. How much discomfort do you have with taking long strides?

Extreme ___________________________ No discomfort at all
discomfort

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

Extreme ___________________________ No difficulty at all
difficulty

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

Severe ___________________________ No trouble at all
trouble

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

Extreme ___________________________ No difficulty at all
difficulty
16. Overall, how much pain do you have in your hip/groin?

   Extreme ________________________________ No pain at all pain

II: 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.

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

   Extremely ________________________________ Not concerned concerned at all

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

   Extreme ________________________________ No pain at all pain

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

   Extremely ________________________________ Not concerned concerned at all

20. How much has your quality of life deteriorated because you cannot participate in sport/recreational activities?

   Extremely ________________________________ No deterioration deteriorated at all

21. 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 concerned at all
22. How much has your performance level decreased in your sport or recreational activities?

| Extremely decreased | Not decreased at all |

III: JOB RELATED CONCERNS

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

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

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

☐ I do not do these actions in my work

| Severe trouble | No trouble at all |

24. How much trouble do you have with crouching/squatting?

| Severe trouble | No trouble at all |

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

| Extremely concerned | Not concerned at all |

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

| Extreme difficulty | No difficulty at all |

IV: 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.
27. How frustrated are you because of your hip problem?

Extremely _____________________________ Not frustrated at all
frustrated

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

☐ This is not relevant to me

Severe _____________________________ No trouble at all
trouble

29. How much of a distraction is your hip problem?

Extreme _____________________________ No distraction at all
distraction

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

Extremely _____________________________ Not difficult at all
difficult

31. How discouraged are you because of your hip problem?

Extremely _____________________________ Not discouraged at all
discouraged

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

☐ I do not do this action in my activities

Extremely _____________________________ Not concerned at all
concerned

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

Constantly _____________________________ Not aware at all
aware

QUESTIONNAIRE COMPLETE!
THANK YOU!