

Optimal Performance Physical Therapy

Hip Rating Questionnaire

Name: _____ **Signature:** _____ **Date:** _____

Which hip is affected by arthritis? (Circle One): Left Right Both

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

1. Consider all of the ways that your hip arthritis affects you, mark (X) on the scale for how well you are doing?

0	25	50	75	100
Very Well	Well	Fair	Poor	Very Poor

2. During the past month, how would you describe the usual arthritis pain in your hip?

- A. Very Severe
- B. Severe
- C. Moderate
- D. Mild
- E. None

3. During the past month, how often have you had to take medication for your arthritis?

- A. Always
- B. Very Often
- C. Fairly Often
- D. Sometimes
- E. Never

4. During the past month, how often have you had severe arthritis pain in your hip?

- A. Every day
- B. Several days per week
- C. One day per week
- D. One day per month
- E. Never

5. How often have you had hip arthritis pain at rest, either sitting or lying down?

- A. Every day
- B. Several days per week
- C. One day per week
- D. One day per month
- E. Never

6. How far can you walk without resting because of your hip arthritis pain?

- A. Unable to walk
- B. Less than one city block
- C. 1 to less than 10 city blocks
- D. 10 to 20 city blocks
- E. Unlimited

7. How much assistance do you need for walking?

- A. Unable to walk
- B. Walk only with someone's help
- C. Two crutches or walker every day
- D. Two crutches or walker several days per week
- E. Two crutches or walker once per week or less
- F. Cane or one crutch every day
- G. Cane or one crutch several days per week
- H. Cane or crutch once per week
- I. Cane or one crutch once per month
- J. No assistance

8. How much difficulty do you have going up or down one flight of stairs because of your hip arthritis?

- A. Unable
- B. Require someone's assistance
- C. Require crutch or cane
- D. Require banister
- E. No difficulty

9. How much difficulty do you have putting on your shoes and socks because of your hip arthritis?

- A. Unable
- B. Require someone's assistance
- C. Require long shoehorn and reacher
- D. Some difficulty but no devices required
- E. No difficulty

10. Are you able to use public transportation?

- A. No, because of my hip arthritis
- B. No, for some other reason
- C. 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?

- A. No help at all
- B. Help with bathing one part of your body, like back or leg
- C. 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?

- A. Without help (taking care of all shopping needs yourself)
- B. With some help (need someone to go with you to help on all shopping needs)
- C. 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?

- A. Without help (can clean floors, windows, refrigerator, and so on)
- B. With some help (can do light housework, but need help with some heavy work)
- C. Completely unable to do any housework

14. How well are you able to move around?

- A. Able to get in and out of bed or chairs without the help of another person
- B. Need the help on another person to get in and out of bed or chair
- C. Not able to get out of bed