Code:
Age:
Date:

ATHLETIC 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

Please answer the following questions.

1. Where is the pain around your hip (circle all selections that apply)?
    a) thigh
    b) groin
    c) front (anterior)
    d) back (posterior)
    e) side (lateral)
    f) inside (medial)
    g) proximal (above hip)
    h) distal (below hip)

2. What activities cause or intensify your hip symptoms (circle all that apply)?
    a) sitting
    b) getting out of a chair
    c) standing
    d) walking
    e) pivoting
    f) squatting
    g) climbing stairs
    h) exercise
    i) after exercise
    j) work

3. What results do you expect from treatment (circle all that apply)?
    a) Relief from symptoms (pain, stiffness, swelling, numbness, weakness, instability)
    b) To do more everyday household or yard activities
    c) To sleep more household activities
    d) To go back to my usual job
    e) To exercise and do recreational activities
    f) To prevent future disability

4. If you had to spend the rest of your life with the symptoms you have right now, how would you feel about it (circle only one answer)?
    a) Very dissatisfied
    b) Somewhat dissatisfied
    c) Neutral
    d) Somewhat satisfied
    e) Very satisfied

5. If you have had surgery performed on your hip at ***this*** hospital, please tell us how you feel about that surgery (circle only one answer)?
    f) Very dissatisfied
    g) Somewhat dissatisfied
    h) Neutral
    i) Somewhat satisfied
    j) Very satisfied

SF 12 Outcomes Questionnaire

1. In general, would you say your health is:

a. excellent
b. very good
c. good
d. fair
e. poor

Health and Daily Activities
Does your health now limit you in these activities during a typical day?
If so how much?

a. yes, limited a lot
b. yes, limited a little
c. no, not limited at all

2. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf?
a. yes, limited a lot
b. yes, limited a little
c. no, not limited at all

3. Climbing several flights of stairs
a. yes, limited a lot
b. yes, limited a little
c. no, not limited at all

Have you had any of the following problems with you work as a result of your physical health during the past 4 weeks?

4. Accomplished less than you would like:
a. yes
b. no

5. Were limited in the kind of work or other activities:
a. yes
b. no

Problems with work or related activities as a result of emotional problems?

6. Accomplished less than you would like:
a. yes
b. no
7. Didn’t do work or other activities as careful as usual:
a. yes
b. no

Pain
8. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?
a. not at all
b. slightly
c. moderately
d. quite a bit
e. extremely

Your Feelings
9. Have you felt calm and peaceful?
a. all of the time
b. most of the time
c. some of the time
d. a little of the time
e. none of the time
10. Did you have a lot of energy?
a. all of the time
b. most of the time
c. some of the time
d. a little of the time
e. none of the time
11. Have you felt downhearted and blue?
a. all of the time
b. most of the time
c. some of the time
d. a little of the time
e. none of the time
12. During the past 4 weeks how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?
a. all of the time
b. most of the time
c. some of the time
d. a little of the time
e. none of the time

Modified HHS

Please circle one:

Pain
Amount of pain:
a. None
b. Slight
c. Mild
d. Moderate
e. Marked
f. Disabling

Function/ Daily Activities
Distance Walked:

a. Unlimited
b. 6 blocks
c. 2-3 blocks
d. indoors
e. bed and chair

Support:
a. None
b. 1 cane/long walk
c. 1 cane/full time
d. 1 crutch
e. 2 canes
f. Unable

Limp:
a. None
b. Slight
c. Moderate
d. Severe

Sitting:
a. Comfortable any chair 1 hour
b. Comfortable high chair 1 hour
c. Unable to sit comfortably

Stairs:

a. Step over step unsupported
b. Step over step w\ banister
c. In any manner
d. Unable

Socks/ Ties shoes:

a. With ease
b. With difficulty
c. Unable

Transportation:

a. Get in & out independently
b. Significant difficulty