

# Industrial Physical Therapy, Inc.

## 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