

INSTRUCTIONS TO PATIENTS

The following questions concern your hips. Please give the *one* answer that you feel is best for each question.

Describe the pain in each of your hips:

	Left	Right
None.	<input type="checkbox"/>	<input type="checkbox"/>
Slight pain or occasional pain.	<input type="checkbox"/>	<input type="checkbox"/>
Mild, no effect on ordinary activity, pain after unusual activity, use aspirin or similar medication.	<input type="checkbox"/>	<input type="checkbox"/>
Moderate, pain that required medicine stronger than aspirin/similar medication. I am active but have had to make modifications and/or give up some activities because of pain.	<input type="checkbox"/>	<input type="checkbox"/>
Marked or severe pain that limits activity and requires pain medicine frequently.	<input type="checkbox"/>	<input type="checkbox"/>
Severe pain even in bed. I am totally disabled.	<input type="checkbox"/>	<input type="checkbox"/>

How do you climb stairs?

Normally (foot over foot without use of banister).	<input type="checkbox"/>
Need a banister, cane or crutch.	<input type="checkbox"/>
Severe trouble climbing stairs.	<input type="checkbox"/>
Unable to climb stairs.	<input type="checkbox"/>

Are you physically able to use public transportation (bus, etc...)??

Yes.

No.

In terms of sitting in a chair, are you:

Comfortable in any chair for one hour.

Comfortable in high chair for one-half hour.

Unable to sit comfortably in any chair.

In terms of putting on your sock and shoe on each side?

	Left	Right
Can put on sock and tie shoe easily.	<input type="checkbox"/>	<input type="checkbox"/>

Can put on sock and tie shoe with difficulty.	<input type="checkbox"/>	<input type="checkbox"/>
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Unable to put on sock or tie shoe.	<input type="checkbox"/>	<input type="checkbox"/>
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Amount and type of support used:

None.

Single can for long walks.

Single cane most of the time.

One crutch.

Two canes.

Two crutches.

Not able to walk at all.

Distance you can walk:

(This should be judged with the aid of support if you use any.)

- | | |
|--------------------------|--------------------------|
| Unlimited. | <input type="checkbox"/> |
| Six blocks. | <input type="checkbox"/> |
| Two or three blocks. | <input type="checkbox"/> |
| Indoors only. | <input type="checkbox"/> |
| Bed to chair. | <input type="checkbox"/> |
| Not able to walk at all. | <input type="checkbox"/> |

How much do you limp on each leg?

(This should be judged at the end of your longest walk using the amount of support indicated in the questions above.)

- | | Left | Right |
|-----------|--------------------------|--------------------------|
| None. | <input type="checkbox"/> | <input type="checkbox"/> |
| Slight. | <input type="checkbox"/> | <input type="checkbox"/> |
| Moderate. | <input type="checkbox"/> | <input type="checkbox"/> |
| Severe. | <input type="checkbox"/> | <input type="checkbox"/> |