

SHORT VERSION OF INTERNATIONAL HIP OUTCOME TOOL

<b>iHOT<sup>12</sup></b> <b>INTERNATIONAL HIP OUTCOME TOOL</b>	NAME	<b>WHICH HIP IS THIS SURVEY ABOUT?</b> If we've asked you to tell us about one hip in particular, tick that. Otherwise, tick the one which causes most trouble.
	DATE OF BIRTH	
	TODAY'S DATE	<input type="radio"/> Left <input type="radio"/> Right

QUALITY OF LIFE QUESTIONNAIRE FOR YOUNG, ACTIVE PEOPLE 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 indicate the severity by marking the line below each question with a slash.

» 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.

**TIP** If you don't do an activity, imagine how your hip would feel if you had to try it.

- Please let your answers describe the typical situation in the last **month**.

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**Q1** Overall, how much pain do you have in your hip/groin?

EXTREME PAIN \_\_\_\_\_ NO PAIN AT ALL

.....  
**Q2** How difficult is it for you to get up and down off the floor/ground?

EXTREMELY DIFFICULT \_\_\_\_\_ NOT DIFFICULT AT ALL

.....  
**Q3** How difficult is it for you to walk long distances?

EXTREMELY DIFFICULT \_\_\_\_\_ NOT DIFFICULT AT ALL

.....  
**Q4** How much trouble do you have with grinding, catching or clicking in your hip?

SEVERE TROUBLE \_\_\_\_\_ NO TROUBLE AT ALL

.....  
**Q5** How much trouble do you have pushing, pulling, lifting or carrying heavy objects?

SEVERE TROUBLE \_\_\_\_\_ NO TROUBLE AT ALL

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**Q6** How concerned are you about cutting/changing directions during your sport or recreational activities?

EXTREMELY CONCERNED \_\_\_\_\_ NOT CONCERNED AT ALL

.....  
**Q7** How much pain do you experience in your hip *after* activity?

EXTREME PAIN \_\_\_\_\_ NO PAIN AT ALL

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**Q8** How concerned are you about picking up or carrying children because of your hip?

EXTREMELY CONCERNED \_\_\_\_\_ NOT CONCERNED AT ALL

.....  
**Q9** How much trouble do you have with sexual activity because of your hip?

This is not relevant to me

SEVERE TROUBLE \_\_\_\_\_ NO TROUBLE AT ALL

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**Q10** How much of the time are you aware of the disability in your hip?

CONSTANTLY AWARE \_\_\_\_\_ NOT AWARE AT ALL

.....  
**Q11** How concerned are you about your ability to maintain your desired fitness level?

EXTREMELY CONCERNED \_\_\_\_\_ NOT CONCERNED AT ALL

.....  
**Q12** How much of a distraction is your hip problem?

EXTREME DISTRACTION \_\_\_\_\_ NO DISTRACTION AT ALL