

UCLH ORTHOPAEDIC DEPARTMENT

HIP QUESTIONNAIRE

Please take time to fill out this questionnaire.

NAME:		DATE OF BIRTH:	
SEX:		AGE:	
HOSPITAL NUMBER (IF KNOWN):		OPERATION:	Right / left
CONSULTANT(IF KNOWN):		TODAY'S DATE:	

UCLA FUNCTIONAL ACTIVITY LEVEL RATING FOR HIP SURGERY

ACTIVITY LEVEL	SCORE
Wholly inactive: dependent on others; cannot leave residence	1
Mostly inactive: very restricted to minimum activities of daily living	2
Sometimes participates in mild activities such as walking, limited housework and limited shopping	3
Regularly participates in mild activities	4
Sometimes participates in moderate activities such as swimming and can do unlimited housework or shopping	5
Regularly participates in moderate activities	6
Regularly participates in active events such as cycling	7
Regularly participates in active events such as bowling or golf	8
Sometimes participates in impact sports such as jogging tennis, skiing, acrobatics, ballet, heavy labour or backpacking	9
Regularly participates in impact sports	10
Total	

The Tegner Activity scale
Please circle your present level of activity

10	Competitive sports	Soccer – national or international
9	Competitive sports	Soccer – lower divisions Ice hockey Wrestling Gymnastics
8	Competitive sports	Bandy Squash or badminton Athletics (jumping etc) Downhill skiing
7	Competitive sports Recreational sports	Tennis Athletics (running) Motor cross or speedway Handball or Basketball Soccer Bandy or ice hockey Squash Athletics (jumping) Cross country track finding (orienteering both recreational and competitive)
6	Recreational sports	Tennis or badminton Handball or basketball Downhill skiing Jogging, at least 5 times weekly
5	Work Competitive sports Recreational Sports	Heavy labour Cycling Cross-country skiing Jogging on uneven ground at least twice weekly
4	Work Recreational sports	Moderately heavy work (e.g., truck driving, scrubbing floors) Cycling Cross-country skiing Jogging on even ground at least twice weekly
3	Work Competitive & recreational sports	Light work Swimming Walking in rough forest terrain
2	Work	Light work Walking on uneven ground
1	Work	Sedentary work Walking on even ground
0	Sick leave or disability pension because of knee problems	

Non-Arthritic Hip Score

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.

How much pain do you have-

1.Walking on a flat surface?	2.Going up or down stairs?	3.At night while in bed?
4=none	4=none	4=none
3=mild	3=mild	3=mild
2=moderate	2=moderate	2=moderate
1=severe	1=severe	1=severe
0=extreme	0=extreme	0=extreme
4.Sitting or lying?	5.Standing upright?	
4=none	4=none	
3=mild	3=mild	
2=moderate	2=moderate	
1=severe	1=severe	
0=extreme	0=extreme	

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.

How much trouble do you have with-

1.Catching or locking of your hip?	2.Your hip giving out on you?
4=none	4=none
3=mild	3=mild
2=moderate	2=moderate
1=severe	1=severe
0=extreme	0=extreme
3.Stiffness in your hip?	4. Decreased motion in your hip?
4=none	4=none
3=mild	3=mild
2=moderate	2=moderate
1=severe	1=severe
0=extreme	0=extreme

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.

What degree of difficulty do you have with-

1. Descending stairs?	4. Putting on socks/stockings?
4=none	4=none
3=mild	3=mild
2=moderate	2=moderate
1=severe	1=severe
0=extreme	0=extreme
2. Ascending Stairs?	5. Rising from bed?
4=none	4=none
3=mild	3=mild
2=moderate	2=moderate
1=severe	1=severe
0=extreme	0=extreme
3. Rising from sitting?	
4=none	
3=mild	
2=moderate	
1=severe	
0=extreme	

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.

How much trouble does your hip cause you when you participate in-

1. High demand sport 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

Thank you very much for taking the time to complete this questionnaire.

Orthopaedic Department

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