

1. **During the past 4 weeks**, how would you describe the pain you **usually** had from your hip?

None ¹	Very mild ²	Mild ³	Moderate ⁴	Severe ⁵

2. **During the past 4 weeks**, have you had any trouble with washing and drying yourself (all over) **because of your hip**?

No trouble at all ¹	Very little trouble ²	Moderate trouble ³	Extreme difficulty ⁴	Impossible to do ⁵

3. **During the past 4 weeks**, have you had any trouble getting in and out of a car or using public transport **because of your hip**?

No trouble at all ¹	Very little trouble ²	Moderate trouble ³	Extreme difficulty ⁴	Impossible to do ⁵

4. **During the past 4 weeks**, have you been able to put on a pair of socks, stocking or tights?

Yes, easily ¹	With little difficulty ²	With moderate difficulty ³	With extreme difficulty ⁴	No, impossible ⁵

5. **During the past 4 weeks**, could you do the household shopping **on your own**?

Yes, easily ¹	With little difficulty ²	With moderate difficulty ³	With extreme difficulty ⁴	No, impossible ⁵

6. **During the past 4 weeks**, for how long have you been able to walk before **pain from your hip** becomes severe (with or without a stick)?

No pain/more than 30 minutes ¹	16 – 30 minutes ²	5 – 15 minutes ³	Around the house only ⁴	Not at all – pain severe on walking ⁵

7. **During the past 4 weeks**, have you been able to climb a flight of stairs?

Yes, easily ¹	With little difficulty ²	With moderate difficulty ³	With extreme difficulty ⁴	No, impossible ⁵

8. **During the past 4 weeks**, after a meal (sat at a table), how painful has it been for you to stand up from a chair **because of your hip**?

Not at all painful ¹	Slightly painful ²	Moderately painful ³	Very painful ⁴	Unbearable ⁵

9. **During the past 4 weeks**, have you been limping when walking **because of your hip**?

Rarely/never ¹	Sometimes, or just at first ²	Often, not just at first ³	Most of the time ⁴	All of the time ⁵

10. **During the past 4 weeks**, have you had any sudden or severe pain – ‘shooting’, ‘stabbing’, or ‘spasms’ – **from the affected hip**?

No days ¹	Only 1 or 2 days ²	Some days ³	Most days ⁴	Every day ⁵

11. **During the past 4 weeks**, how much has **pain from your hip** interfered with your usual work (including housework)?

Not at all ¹	A little bit ²	Moderately ³	Greatly ⁴	Totally ⁵

12. **During the past 4 weeks**, have you been troubled by **pain from your hip** in bed at night?

No nights ¹	Only 1 or 2 nights ²	Some nights ³	Most nights ⁴	Every night ⁵