Post Total Hip Replacement Questionnaire (12-Item Hip Questionnaire)

Name:________________________________ **Date:**____________________

During the past four weeks:

1. How would you describe the pain you usually had in your hip?

1) None
2) Very Mile
3) Mild
4) Moderate
5) Severe

2. Have you had any trouble getting in and out of a car or using public transport because of your hip?

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

3. Could you do household shopping on your own?

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

4. Have you been able to climb a flight of stairs?

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

5. Have you been limping when walking, because of your hip?

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

6. How much has pain from your hip interfered with your usual work (including housework)?

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

7. Have you had any trouble with washing and drying yourself (all over) because of your hip?

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

8. Have you been able to put on a pair of socks, stockings, or tights?

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

9. For how long have you been able to walk before the pain from your hip became severe?

1) No pain/greater than 30 minutes
2) 16 to 30 minutes
3) 3 to 15 minutes
4) Around the house only
5) Not at all

10. After a meal (sat at a table), how painful has it been for you to stand up from a chair because of your hip?

1) Not at all painful
2) Slightly painful
3) Moderately painful
4) Very painful
5) No, impossible

11. Have you had any sudden severe pain–"shooting", "stabbing", or "spasms" - from the affected hip?

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

12. Have you been troubled by pain from your hip in bed at night?

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

Score = __________Pts.
Max Score: __60 Pts.
Min. Score: __12 Pts.

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