

Table E-1

ATHLETIC HIP SCORE

INSTRUCTIONS: 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.

QUESTION: How much pain do you have

1. Walking on a flat surface?

4=none

3=mild

2=moderate

1=severe

0=extreme

2. Going up or down stairs?

4=none

3=mild

2=moderate

1=severe

0=extreme

3. At night while in bed?

4=none

3=mild

2=moderate

1=severe

0=extreme

4. Sitting or lying?

4=none

3=mild

2=moderate

1=severe

0=extreme

5. Standing upright?

4=none

3=mild

2=moderate

1=severe

0=extreme

INSTRUCTIONS: 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.

QUESTION: How much trouble do you have with

1. Catching or locking of your hip?

4=none

3=mild

2=moderate

1=severe

0=extreme

2. Your hip giving out on you?

4=none

3=mild

2=moderate

1=severe

0=extreme

3. Stiffness in your hip?

4=none

3=mild

2=moderate

1=severe

0=extreme

4. Decreased motion in your hip?

4=none

3=mild

2=moderate

1=severe

0=extreme

INSTRUCTIONS: 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.

QUESTION: What degree of difficulty do you have with

1. Descending stairs?

4=none

3=mild

2=moderate

1=severe

0=extreme

2. Ascending stairs?

4=none

3=mild

2=moderate

1=severe

0=extreme

3. Rising from sitting?

4=none

3=mild

2=moderate

1=severe

0=extreme

4. Putting on socks/stockings?

4=none

3=mild

2=moderate

1=severe

0=extreme

5. Rising from bed?

4=none

3=mild

2=moderate

1=severe

0=extreme

INSTRUCTIONS: 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.

QUESTION: How much trouble does your hip cause you when you participate in

1. High-demand sports 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

Please answer the following questions.

1. Where is the pain around your hip (circle all selections that apply)?
 - a) thigh
 - b) groin
 - c) front (anterior)
 - d) back (posterior)
 - e) side (lateral)
 - f) inside (medial)
 - g) proximal (above hip)
 - h) distal (below hip)

2. What activities cause or intensify your hip symptoms (circle all that apply)?
 - a) sitting
 - b) getting out of a chair
 - c) standing
 - d) walking
 - e) pivoting
 - f) squatting
 - g) climbing stairs
 - h) exercise
 - i) after exercise
 - j) work

3. What results do you expect from treatment (circle all that apply)?
 - a) Relief from symptoms (pain, stiffness, swelling, numbness, weakness, instability)
 - b) To do more everyday household or yard activities
 - c) To sleep more household activities
 - d) To go back to my usual job
 - e) To exercise and do recreational activities
 - f) To prevent future disability

4. If you had to spend the rest of your life with the symptoms you have right now, how would you feel about it (circle only one answer)?
- a) Very dissatisfied
 - b) Somewhat dissatisfied
 - c) Neutral
 - d) Somewhat satisfied
 - e) Very satisfied
5. If you have had surgery performed on your hip at ***this*** hospital, please tell us how you feel about that surgery (circle only one answer)?
- a) Very dissatisfied
 - b) Somewhat dissatisfied
 - c) Neutral
 - d) Somewhat satisfied
 - e) Very satisfied