

Name

Date

Non Arthritic Hip Score

- The Following five 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?

- 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

The Following four 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 amount of pain 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?
4 = none
3 = mild
2 = moderate
1 = severe
0 = extreme

2. Your hip giving way 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 movement in your hip?
4 = none
3 = mild
2 = moderate
1 = severe
0 = extreme

The Following five questions concern your physical function.

- For each of the following activities, please circle the response that most accurately reflects the difficulty 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 = 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

The Following six 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 you have experienced in the last **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 have caused if you had to perform that type of activity*
- Please circle one answer that best describes your situation

How much pain do you have...

1. High demand sports involving sprinting or cutting (eg football, basket ball, tennis & exercise aerobics)?
4 = none
3 = mild
2 = moderate
1 = severe
0 = extreme
2. Low- demand sports (eg golf / 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 (eg lifting firewood / moving furniture)?
4 = none
3 = mild
2 = moderate
1 = severe
0 = extreme
6. Light household duties (eg cooking, dusting, vacuuming & laundry)?
4 = none
3 = mild
2 = moderate
1 = severe
0 = extreme