

# 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 tick the response that most accurately reflect the amount of pain experienced in the past 48 hours.

**How much pain do you have walking on a flat surface?**

None (4).....     Mild (3).....     Moderate (2) ...     Severe (1) .....     Extereme (0) ...

**How much pain do you have in going up and down the stairs?**

None (4).....     Mild (3).....     Moderate (2) ...     Severe (1) .....     Extereme (0) ...

**How much pain do you have at night whilst in bed?**

None (4).....     Mild (3).....     Moderate (2) ...     Severe (1) .....     Extereme (0) ...

**How much pain do you have sitting or lying?**

None (4).....     Mild (3).....     Moderate (2) ...     Severe (1) .....     Extereme (0) ...

**How much pain do you have standing up right?**

None (4).....     Mild (3).....     Moderate (2) ...     Severe (1) .....     Extereme (0) ...

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 tick the response that most accurately reflect the amount of pain experienced in the past 48 hours.

**How much trouble do you have with catching or locking of your hip?**

None (4).....     Mild (3).....     Moderate (2) ...     Severe (1) .....     Extereme (0) ...

**How much trouble do you have with your hip giving way on you?**

None (4).....     Mild (3).....     Moderate (2) ...     Severe (1) .....     Extereme (0) ...

**How much trouble do you have with stiffness in your hip?**

None (4).....     Mild (3).....     Moderate (2) ...     Severe (1) .....     Extereme (0) ...

**How much trouble do you have with decreased movement in your hip?**

None (4).....     Mild (3).....     Moderate (2) ...     Severe (1) .....     Extereme (0) ...

The following five questions concern your physical function. For each of the following activities, please tick the response that most accurately reflect the amount of pain experienced in the past 48 hours.

**What degree of difficulty do you have with decending stairs?**

None (4).....     Mild (3).....     Moderate (2) ...     Severe (1) .....     Extereme (0) ...

**What degree of difficulty do you have with ascending stairs?**

None (4).....     Mild (3).....     Moderate (2) ...     Severe (1) .....     Extereme (0) ...

**What degree of difficulty do you have with rising from sitting?**

None (4).....     Mild (3).....     Moderate (2) ...     Severe (1) .....     Extereme (0) ...

**What degree of difficulty do you have with putting on socks/stockings?**

None (4).....     Mild (3).....     Moderate (2) ...     Severe (1) .....     Extereme (0) ...

**What degree of difficulty do you have with rising from a bed?**

None (4).....     Mild (3).....     Moderate (2) ...     Severe (1) .....     Extereme (0) ...

**The following six questions concern your ability to participate in certain types of activities. For each of the following activities, please tick the response that most accurately reflect the amount of pain experienced in the past 48 hours.**

**How much pain do you have with high demand sport involving spriting or cutting eg. football, basketball, tennis and excercise aerobics?**

None (4).....     Mild (3).....     Moderate (2) ...     Severe (1) .....     Extereme (0) ...

**How much pain do you have with low demanding sports eg. golf and bowling?**

None (4).....     Mild (3).....     Moderate (2) ...     Severe (1) .....     Extereme (0) ...

**How much pain do you have jogging?**

None (4).....     Mild (3).....     Moderate (2) ...     Severe (1) .....     Extereme (0) ...

**How much pain do you have walking?**

None (4).....     Mild (3).....     Moderate (2) ...     Severe (1) .....     Extereme (0) ...

**How much pain do you have completing heavy household duties eg. lifting firewood/moving furniture?**

None (4).....     Mild (3).....     Moderate (2) ...     Severe (1) .....     Extereme (0) ...

**How much pain do you have completing light household duties eg. cooking and dusting?**

None (4).....     Mild (3).....     Moderate (2) ...     Severe (1) .....     Extereme (0) ...