

iHOT-12

Patient Sticker

Please mark a point along the line that most appropriately represents the level of your typical situation in the last month.

Tip – If you don't do an activity, imagine how your hip would feel if you had to try it.

1. Overall how much pain do you have in your hip/groin?

Extreme pain |
No pain at all

2. How difficult is it for you to get up and down off the floor/ground?

Extreme difficulty |
No difficulty at all

3. How difficult is it for you to walk long distances?

Extreme difficulty |
No difficulty at all

4. How much trouble do you have with grinding, catching or clicking in your hip?

Severe trouble |
No trouble at all

5. How much trouble do you have pushing, pulling, lifting or carrying heavy objects at work?

Severe trouble |
No trouble at all

6. How concerned are you about cutting/changing directions during your sporting or recreational activities?

Extreme concern |
No concern at all

7. How much pain do you experience in you hip after activity?

Extreme pain |
No pain at all

8. How concerned are you about picking up or carrying children because of your hip?

Extreme concern |
No concern at all

9. How much trouble do you have with sexual activity because of your hip? N/A

Severe trouble |
No trouble at all

10. How much of the time are you aware of the disability in your hip?

Constantly aware |
Not aware at all

11. How concerned are you about your ability to maintain your desired fitness level?

Extreme concern |
No concern at all

12. How much of a distraction is your hip problem?

Extremely distracted |
Not distracted at all

EQ-5D

Under each heading, please tick the ONE box that best describes your health TODAY.

MOBILITY

- I have no problems in walking about.
- I have slight problems in walking about.
- I have moderate problems in walking about
- I have severe problems in walking about.
- I am unable to walk about.

SELF-CARE

- I have no problems washing or dressing myself
- I have slight problems washing or dressing myself
- I have moderate problems washing or dressing myself
- I have severe problems washing or dressing myself
- I am unable to wash or dress myself.

USUAL ACTIVITIES *(eg. work, study, housework, family or leisure activities)*

- I have no problems doing my usual activities
- I have slight problems doing my usual activities
- I have moderate problems doing my usual activities
- I have severe problems doing my usual activities
- I am unable to do my usual activities.

PAIN/DISCOMFORT

- I have no pain or discomfort
- I have slight pain or discomfort
- I have moderate pain or discomfort
- I have severe pain or discomfort
- I have extreme pain or discomfort.

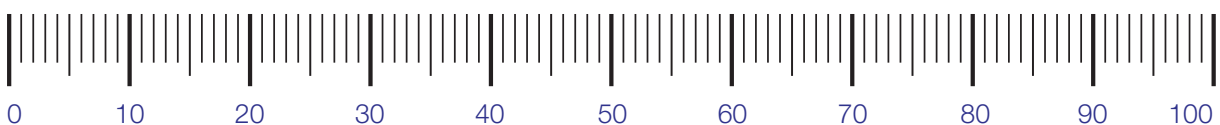
ANXIETY/DEPRESSION

- I am not anxious or depressed
- I am slightly anxious or depressed
- I am moderately anxious or depressed
- I am severely anxious or depressed
- I am extremely anxious or depressed

We would like to know how good or bad your health is TODAY.

This scale is numbered from 0 to 100.

100 means the best health you can imagine. 0 means the worst health you can imagine.
Mark an X on the scale to indicate how your health is TODAY.



Now, please write the number you marked on the scale in the box below.

YOUR HEALTH TODAY