INTERNATIONAL Hip Outcome Tool IHOT [33]

Quality of Life Questionnaire for Young, Active Patients with Hip Problems

Instructions:

- These questions ask about the problems you may be experiencing in your hip, how these problems affect your life, and the emotions you may feel because of these problems.

- Please answer each question with respect to the current status, function, circumstances and beliefs related to your hip.

- Consider the last **month.**

- The questions are formatted so that you can indicate the severity of the problem by circling a number below the question.

Please note:

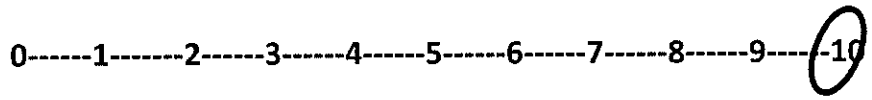
Please circle the number which most closely represents your situation.

- If you circle a number on the far **left,** it means that you **feel you are significantly impaired.** *For example:*

0-----1-------2------3------4------5------6------7------8------9------10

Significantly Impaired **No Problems At All**

- If you circle a number on the far **right,** it means that you **do not think that you have any problems** with your hip.
  For example:



Significantly Impaired **No Problems At All**

If a number is circled in the middle of the line, this indicates that you are moderately disabled, or in other words, between the extremes of 'significantly impaired' and 'no problems at all'. It is important to circle a number at the appropriate end of the line if the extreme descriptions accurately reflect your situation.

If the question asks about something that you do not experience, please mark the option:

☑ **I do not do this action in my activities**, where this is appropriate.

I: SYMPTOMS AND FUNCTIONAL LIMITATIONS

The following questions ask about symptoms that you may experience in your **hip** and about the function of your **hip** with respect to daily activities. Please think about how you have felt most of the time over the past **month** and answer accordingly.

1. How <u>often</u> does your hip/groin ache?

0------1-------2------3------4------5------6------7------8------9------10

Constantly **Never**

2. How stiff is your hip as a result of sitting/resting during the day?

0------1-------2------3------4------5------6------7------8------9------10

Extremely Stiff **Not Stiff At All**

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

0------1-------2------3------4------5------6------7------8------9------10

Extremely Difficult **Not Difficult At All**

4. How much pain do you have in your hip while sitting?

0------1-------2------3------4------5------6------7------8------9------10

Extreme Pain No Pain At All

5. How much trouble do you have standing on your feet for long period of time?

0------1-------2------3------4------5------6------7------8------9------10

Severe Trouble No Trouble At All

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

0------1-------2------3------4------5------6------7------8------9------10

Extremely Difficult Not Difficult At All

7. How difficult is it for you to walk on uneven surfaces?

0------1-------2------3------4------5------6------7------8------9------10

Extremely Difficult Not Difficult At All

8. How difficult is it for you to lie on your affected hip side?

0------1-------2------3------4------5------6------7------8------9------10

Extremely Difficult

Not Difficult At All

9. How much trouble do you have with stepping over obstacles?

0------1-------2------3------4------5------6------7------8------9------10

Severe Trouble

No Trouble At All

10. How much trouble do you have climbing up/downstairs?

0------1-------2------3------4------5------6------7------8------9------10

Severe Trouble

No Trouble At All

11. How much trouble do you have with rising from a sitting position?

0------1-------2------3------4------5------6------7------8------9------10

Severe Trouble

No Trouble At All

12. How much discomfort do you have with taking long strides?

0------1-------2------3------4------5------6------7------8------9------10

Extreme Discomfort — No Discomfort At All

13. How much difficulty do you have with getting into and/or out of a car?

0 ------1-------2------3------4------5------6------7------8------9------10

Extreme Difficulty — No Difficulty At All

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

0------1-------2------3------4------5------6------7------8------9------10

Severe Trouble — No Trouble At All

15. How much difficulty do you have with putting on/taking off socks, stockings, or shoes?

0------1-------2------3------4------5------6------7------8------9------10

Extreme Difficulty — No Difficulty At All

14. **Overall, how much pain do you have in your hip/groin?**

0------1-------2------3------4------5------6------7------8------9------10

Extreme Pain **No Pain At All**

II: SPORTS AND RECREATIONAL ACTIVITIES

The following questions ask about your **hip** when you participate in sports and recreational activities. Please think about how you have felt most of the time over the past **month** and answer accordingly.

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

0------1-------2------3------4------5------6------7------8------9------10

Extremely Concerned **Not Concerned At All**

18. **How much pain do you experience in your hip after activity?**

0------1-------2------3------4------5------6------7------8------9------10

Extreme Pain **No Pain At All**

19. How concerned are you that the pain in your hip will increase if you participate in sports or recreational activities?

0------1-------2------3------4------5------6------7------8------9------10

Extremely Concerned Not Concerned At All

20. How much was your quality of life deteriorated because you cannot participate in sport/recreational activities?

0------1-------2------3------4------5------6------7------8------9------10

Extremely Deteriorated Not Deteriorated At All

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

☐ I do not do this action in my activities.

0------1-------2------3------4------5------6------7------8------9------10

Extremely Concerned Not Concerned At All

22. How much has your performance level decreased in your sport or recreational activities?

0------1-------2------3------4------5------6------7------8------9------10

Extremely Decreased Not Decreased At All

III: JOB RELATED CONCERNS

The following questions relate to your **hip** with respect to your work or occupational activities. Please think about how you have felt most of the time over the past **month** and answer accordingly.

☐ **I am retired** (please skip section)

☐ **I do not work for reasons other than my hip condition** (please skip section)

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

☐ **I do not do these actions in my work.**

0------1-------2------3------4------5------6------7------8------9------10

Severe Trouble **No Trouble At All**

24. How much trouble do you have with crouching/squatting?

0------1-------2------3------4------5------6------7------8------9------10

Severe Trouble **No Trouble At All**

25. **How concerned are you that your job will make your hip worse?**

0------1-------2------3------4------5------6------7------8------9------10

Extremely Concerned **Not Concerned At All**

26. **How much trouble do you have at work because of reduced hip mobility?**

0------1-------2------3------4------5------6------7------8------9------10

Extreme Difficulty **No Difficulty At All**

IV: SOCIAL, EMOTIONAL AND LIFESTYLE CONCERNS

The following questions ask about social, emotional and lifestyle concerns that you may feel with respect to your **hip** problem. Please think about how you have felt most of the time over the past **month** and answer accordingly.

27. **How frustrated are you because of your hip problem?**

0------1-------2------3------4------5------6------7------8------9------10

Extremely Frustrated **Not Frustrated At All**