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.

**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
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.

**Question:** how 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.

**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
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.

**Question: How much pain do you have –**

1. High demand sports involving sprinting or cutting (e.g., football, basketball, tennis & exercise aerobics)?
   - 4 = none
   - 3 = mild
   - 2 = moderate
   - 1 = severe
   - 0 = extreme

2. Low-demand sports (e.g., 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

TOTAL SCORE =