

HIP FUNCTIONAL ASSESSMENT

Instructions: The list below contains some sentences people have used to describe themselves when they have hip pain. When your hip hurts, you may find it hard to do some of these activities. Please check only the sentences that describe your last 24 hours.

Name: _____ Date: _____

Affected Hip: Right ☐ Left ☐ Both ☐

- ☐ 1. I stay home most of the time because of my hip.
- ☐ 2. When I sit I change positions frequently to get my hip comfortable.
- ☐ 3. I walk more slowly than usual because of my hip.
- ☐ 4. Because of my hip I am not doing any of the jobs that I usually do around the house.
- ☐ 5. Because of my hip I use the handrail on stairs.
- ☐ 6. Because of my hip I lie down and rest more often.
- ☐ 7. Because of my hip I have difficulty driving.
- ☐ 8. I get dressed more slowly than usual because of my hip pain.
- ☐ 9. Because of my hip I try to get other people to do things for me.
- ☐ 10. I only stand for short periods of time because of my hip pain.
- ☐ 11. I find it difficult to get out of a chair because of my hip.
- ☐ 12. Because of my hip pain, I try not to squat down.
- ☐ 13. My hip is painful almost all the time.
- ☐ 14. Running is difficult because of my hip.
- ☐ 15. My appetite is not good because of my hip.
- ☐ 16. I have trouble putting my shoes and socks on because of my hip.
- ☐ 17. I walk only short distances because of my hip.
- ☐ 18. I sleep less well because of my hip.
- ☐ 19. I have difficulty going up stairs because of my hip.
- ☐ 20. I have difficulty going down stairs because of my hip.
- ☐ 21. I sit down for most of the day because of my hip.
- ☐ 22. Because of my hip it takes my longer to get going in the mornings.
- ☐ 23. Because of my hip pain I am more irritable and bad tempered with people than usual.
- ☐ 24. I need to take medication for my hip pain in order to complete daily activities.
- ☐ 25. I need to modify my fitness activities because of my hip.

____ / 25 Functional Restrictions

Please mark on the line to indicate the amount of pain you have had in the past 24 hours.

RIGHT ARM

No pain at all _____ Worst pain possible

LEFT ARM

No pain at all _____ Worst pain possible