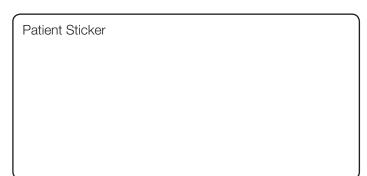
iHOT-12

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?

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?

recreational activition

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?

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?

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

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