



NAME
DATE OF BIRTH
TODAY'S DATE

QUALITY OF LIFE QUESTIONNAIRE FOR YOUNG, ACTIVE PEOPLE 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 indicate the severity by marking the line below each question with a slash.

» If you put a mark on the far **left**, it means that you **feel you are significantly impaired**. For example:

SIGNIFICANTLY IMPAIRED / _____ NO PROBLEMS AT ALL

» If you put a mark 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 the mark is placed 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 put your mark at either end of the line if the extreme descriptions accurately reflect your situation.

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

- Please let your answers describe the typical situation in the last month.

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Q1 Overall, how much pain do you have in your hip/groin?

EXTREME PAIN _____ NO PAIN AT ALL

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Q2 How difficult is it for you to get up and down off the floor/ground?

EXTREMELY DIFFICULT _____ NOT DIFFICULT AT ALL

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Q3 How difficult is it for you to walk long distances?

EXTREMELY DIFFICULT _____ NOT DIFFICULT AT ALL

Q4 How much trouble do you have with grinding, catching or clicking in your hip?

SEVERE TROUBLE _____ NO TROUBLE AT ALL

Q5 How much trouble do you have pushing, pulling, lifting or carrying heavy objects?

SEVERE TROUBLE _____ NO TROUBLE AT ALL

Q6 How concerned are you about cutting/changing directions during your sport or recreational activities?

EXTREMELY CONCERNED _____ NOT CONCERNED AT ALL

Q7 How much pain do you experience in your hip *after* activity?

EXTREME PAIN _____ NO PAIN AT ALL

Q8 How concerned are you about picking up or carrying children because of your hip?

EXTREMELY CONCERNED _____ NOT CONCERNED AT ALL

Q9 How much trouble do you have with sexual activity because of your hip?

This is not relevant to me

SEVERE TROUBLE _____ NO TROUBLE AT ALL

Q10 How much of the time are you aware of the disability in your hip?

CONSTANTLY AWARE _____ NOT AWARE AT ALL

Q11 How concerned are you about your ability to maintain your desired fitness level?

EXTREMELY CONCERNED _____ NOT CONCERNED AT ALL

Q12 How much of a distraction is your hip problem?

EXTREME DISTRACTION _____ NO DISTRACTION AT ALL