

## Hip & Knee Questionnaire

Family name:

Given name(s):

Address:

Date of birth:

Sex: ☐ M ☐ F

Date form completed: .....

### Instructions:

For the following questions, think about how your hip or knee has been affecting you over the last 3 months when taking your usual medication or using your usual aids (e.g., walking stick, frame or handrails).

Please tick one box ☐ only for each question.

**1. Do you have hip or knee pain that does not get better even when you rest (for example, while sitting)?**

- ☐ None or mild pain
- ☐ Moderate pain
- ☐ Severe pain
- ☐ Extremely severe pain
- ☐ The pain is so severe that I cannot bear it

**2. Do you have hip or knee pain when you first go to bed at night that stops you going to sleep?**

- ☐ No or rarely
- ☐ I have pain that sometimes stops me going to sleep
- ☐ I have pain that often stops me going to sleep
- ☐ I have pain that stops me going to sleep most of the time
- ☐ I have pain that stops me going to sleep all the time

**3. Do you have hip or knee pain that limits your walking?**

- ☐ My walking is not limited by hip or knee pain
- ☐ I can walk for at least 30 minutes before pain stops me
- ☐ I can walk for about 10 to 15 minutes before pain stops me
- ☐ I can only walk for a short time (such as walking from one room to another room)
- ☐ I am not able to walk at all because of my hip or knee pain

**4. Does your hip or knee make it difficult for you to look after yourself (such as washing yourself, getting dressed, going to the toilet)?**

- ☐ No, I can look after myself → Go to Question 6 (over the page)
- ☐ There are some things I cannot do for myself
- ☐ There are many things I cannot do for myself
- ☐ I cannot do most things for myself
- ☐ I cannot look after myself because of my hip or knee

**5. Do you get enough help with looking after yourself (such as washing yourself, getting dressed, going to the toilet)?**

- ☐ I get as much help as I need
- ☐ Most of the time I get enough help
- ☐ Some of the time I get enough help
- ☐ I rarely get enough help
- ☐ I do not get enough help with looking after myself

Please answer the questions over the page

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### 6. Does your hip or knee affect your enjoyment of life?

- ☐ No, or only a little
- ☐ It makes it moderately difficult for me to enjoy my life
- ☐ It makes it very difficult for me to enjoy my life
- ☐ It makes it extremely difficult for me to enjoy my life
- ☐ I cannot enjoy my life at all because of my hip or knee

### 7. Does your hip or knee cause difficulties with your relationships with people close to you (such as wife, husband, children and close friends)?

- ☐ No, it does not cause difficulties with my relationships
- ☐ It sometimes causes difficulties with my relationships
- ☐ It often causes difficulties with my relationships
- ☐ Most of the time it causes difficulties with my relationships
- ☐ All of the time my hip or knee causes difficulties with my relationships

### 8. Does your hip or knee make it difficult for your household (yourself, family and others) to manage financially?

- ☐ No, it does not affect my household finances
- ☐ It makes it slightly difficult to manage financially
- ☐ It makes it moderately difficult to manage financially
- ☐ It makes it extremely difficult to manage financially
- ☐ My household cannot manage financially at all because of my hip or knee

### 9. Have you been in paid work in the last 6 months?

- ☐ No
- ☐ Yes, my hip or knee does not make it difficult for me to work
- ☐ Yes, but it is moderately difficult for me to continue to work because of my hip or knee
- ☐ Yes, but it is very difficult for me to continue to work because of my hip or knee
- ☐ Yes, but I have had to stop work because of my hip or knee
- ☐ Yes, but working is difficult for me for **other reasons**

### 10. Do you need to look after people who require your care (such as a sick or disabled partner or family member)?

- ☐ No
- ☐ Yes, my hip or knee does not make it difficult for me to look after them
- ☐ Yes, but it is moderately difficult for me to look after them because of my hip or knee
- ☐ Yes, but it is very difficult for me to look after them because of my hip or knee
- ☐ Yes, but I am unable to care for them because of my hip or knee
- ☐ Yes, but it is difficult for me to look after them for **other reasons**

### 11. Overall, is your hip or knee problem different now compared with how it was 6 months ago?

- ☐ It is better now
- ☐ It is about the same now
- ☐ It is a little worse now
- ☐ It is moderately worse now
- ☐ It is very much worse now