APPENDIX 1

International Hip Outcome Tool (iHOT-33).

**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](image)

  - 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:

    ![No Problems At All](image)

  - 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.

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

**SECTION 1 | SYMPTOMS AND FUNCTIONAL LIMITATIONS**

The following questions ask about symptoms that you may experience in your hip and about the function of your hip with respect to daily activities. Please think about how you have felt most of the time over the past month and answer accordingly.

**Q01** How often does your hip/groin ache?

<table>
<thead>
<tr>
<th>Extremely</th>
<th>Constantly</th>
<th>Occasionally</th>
<th>Slightly</th>
<th>Never</th>
</tr>
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**Q02** How stiff is your hip as a result of sitting/resting during the day?

| Extremely Stiff | Not Stiff At All |
Q03 How difficult is it for you to walk long distances?

EXTREMELY DIFFICULT  NOT DIFFICULT AT ALL

Q04 How much pain do you have in your hip while sitting?

EXTREME PAIN  NO PAIN AT ALL

Q05 How much trouble do you have standing on your feet for long periods of time?

SEVERE TROUBLE  NO TROUBLE AT ALL

Q06 How difficult is it for you to get up and down off the floor/ground?

EXTREMELY DIFFICULT  NOT DIFFICULT AT ALL

Q07 How difficult is it for you to walk on uneven surfaces?

EXTREMELY DIFFICULT  NOT DIFFICULT AT ALL

Q08 How difficult is it for you to lie on your affected hip side?

EXTREMELY DIFFICULT  NOT DIFFICULT AT ALL

Q09 How much trouble do you have with stepping over obstacles?

SEVERE TROUBLE  NO TROUBLE AT ALL

Q10 How much trouble do you have with climbing up/down stairs?

SEVERE TROUBLE  NO TROUBLE AT ALL

Q11 How much trouble do you have with rising from a sitting position?

SEVERE TROUBLE  NO TROUBLE AT ALL

Q12 How much discomfort do you have with taking long strides?

EXTREME DISCOMFORT  NO DISCOMFORT AT ALL
Q13 How much difficulty do you have with getting into and/or out of a car?

EXTREME DIFFICULTY .................................................. NO DIFFICULTY AT ALL

Q14 How much trouble do you have with grinding, catching or clicking in your hip?

SEVERE TROUBLE .......................................................... NO TROUBLE AT ALL

Q15 How much difficulty do you have with putting on/taking off socks, stockings or shoes?

EXTREME DIFFICULTY .................................................. NO DIFFICULTY AT ALL

Q16 Overall, how much pain do you have in your hip/groin?

EXTREME PAIN ............................................................. NO PAIN AT ALL

SECTION 2 | SPORTS AND RECREATIONAL ACTIVITIES

The following questions ask about your hip when you participate in sports and recreational activities. Please think about how you have felt most of the time over the past month and answer accordingly.

Q17 How concerned are you about your ability to maintain your desired fitness level?

EXTREMELY CONCERNED .............................................. NOT CONCERNED AT ALL

Q18 How much pain do you experience in your hip after activity?

EXTREME PAIN ............................................................. NO PAIN AT ALL

Q19 How concerned are you that the pain in your hip will increase if you participate in sports or recreational activities?

EXTREMELY CONCERNED .............................................. NOT CONCERNED AT ALL

Q20 How much has your quality of life deteriorated because you cannot participate in sport/recreational activities?

EXTREMELY DETERIORATED ........................................... NOT DETERIORATED AT ALL
**INTERNATIONAL HIP OUTCOME TOOL (iHOT-33)**

**Q21** How concerned are you about cutting/changing directions during your sport or recreational activities?

- [ ] I do not do this action in my activities

  EXTREMELY CONCERNED

  NOT CONCERNED AT ALL

**Q22** How much has your performance level decreased in your sport or recreational activities?

  EXTREMELY DECREASED

  NOT DECREASED AT ALL

**SECTION 3 | JOB RELATED CONCERNS**

The following questions relate to your hip with respect to your current work. Please think about how you have felt most of the time over the past month and answer accordingly.

- [ ] I do not work because of my hip (please skip section)
- [ ] I do not work for reasons other than my hip (please skip section)

**Q23** How much trouble do you have pushing, pulling, lifting or carrying heavy objects at work?

- [ ] I do not do these actions in my activities

  SEVERE TROUBLE

  NO TROUBLE AT ALL

**Q24** How much trouble do you have with crouching/squatting?

- [ ] I do not do these actions in my activities

  SEVERE TROUBLE

  NO TROUBLE AT ALL

**Q25** How concerned are you that your job will make your hip worse?

- [ ] EXTREMELY CONCERNED

  NOT CONCERNED AT ALL

**Q26** How much difficulty do you have at work because of reduced hip mobility?

- [ ] EXTREME DIFFICULTY

  NO DIFFICULTY AT ALL
SECTION 4 | SOCIAL, EMOTIONAL AND LIFESTYLE CONCERNS

The following questions ask about social, emotional and lifestyle concerns that you may feel with respect to your hip problem. Please think about how you have felt most of the time over the past month and answer accordingly.

Q27 How frustrated are you because of your hip problem?

- EXTREMELY FRUSTRATED
- NOT FRUSTRATED AT ALL

Q28 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

Q29 How much of a distraction is your hip problem?

- EXTREME DISTRACTION
- NO DISTRACTION AT ALL

Q30 How difficult is it for you to release tension and stress because of your hip problem?

- EXTREMELY DIFFICULT
- NOT DIFFICULT AT ALL

Q31 How discouraged are you because of your hip problem?

- EXTREMELY DISCOURAGED
- NOT DISCOURAGED AT ALL

Q32 How concerned are you about picking up or carrying children because of your hip?

- I do not do this action in my activities
- EXTREMELY CONCERNED
- NOT CONCERNED AT ALL

Q33 How much of the time are you aware of the disability in your hip?

- CONSTANTLY AWARE
- NOT AWARE AT ALL