Hip and Knee Questionnaire

Please fill in

Name: ____________________ ____________________
First Last

NHI: ____________________ DOB: ____________________
dd/mm/yy

Gender: ○ Male ○ Female ○ Other

Date filled in: ____________
dd/mm/yy

1. The following questions concern the amount of pain you are currently experiencing in your knees or hips. For each situation, please enter the amount of pain you have experienced in the **past 48 hours.**

		None	Mild	Moderate	Severe	Extreme
A. Walking on a flat surface	A.	☐	☐	☐	☐	☐
B. Going up or down stairs	B.	☐	☐	☐	☐	☐
C. At night while in bed	C.	☐	☐	☐	☐	☐
D. Sitting or lying	D.	☐	☐	☐	☐	☐
E. Standing upright	E.	☐	☐	☐	☐	☐

2. The following questions concern your physical function. By this we mean your ability to move around and to look after yourself. For each of the following activities, please indicate the degree of difficulty you have experienced in the **last 48 hours,** in your hips or knees.

What degree of difficulty do you have with:

		None	Mild	Moderate	Severe	Extreme
A. Descending (going down) stairs	A.	☐	☐	☐	☐	☐
B. Ascending (going up) stairs	B.	☐	☐	☐	☐	☐
C. Rising from sitting	C.	☐	☐	☐	☐	☐

3. What degree of difficulty do you have with:

		None	Mild	Moderate	Severe	Extreme
A. Getting in/out of car	A.	☐	☐	☐	☐	☐
B. Going shopping	B.	☐	☐	☐	☐	☐
C. Putting on/taking off socks/stockings	C.	☐	☐	☐	☐	☐
D. Getting on/off toilet	D.	☐	☐	☐	☐	☐
E. Washing and drying yourself	E.	☐	☐	☐	☐	☐
F. Light domestic duties *(such as tidying a room, dusting, cooking)*	F.	☐	☐	☐	☐	☐
G. Heavy domestic duties *(mowing the lawn, lifting heavy grocer bags)*	G.	☐	☐	☐	☐	☐

4. How long have you been able to walk before the pain in your hip or knee becomes severe (with or without a walking aid)

No pain for 30 minutes or more	☐
16 to 30 minutes	☐
5 to 15 minutes	☐
Around the house only	☐
Not at all	☐