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Hip Pain Evaluation Form

Name: _____ **Date:** _____

Date of birth: _____ **Age:** _____

Please answer the following questions as they pertain to your hip.

Pain:

☐ None: able to ignore it
☐ Mild: no effect on ordinary activity; pain after usual activity; use ibuprofen/paracetamol
☐ Marked: serious limitations
☐ Slight: occasional, no compromise to activity
☐ Moderate: tolerable, make concessions to activity, occasional narcotic
☐ Totally disabled

Function: Gait:

Limp:	☐ None	☐ Slight	☐ Moderate	☐ Severe	☐ Unable to walk	
Support:	☐ None	☐ Walking stick for long walks	☐ Walking stick at all times	☐ Two walking sticks	☐ Crutch	☐ Two crutches	☐ Unable to walk
Distance walked:	☐ Unlimited	☐ Short walk	☐ 200 yards	☐ Indoors only	☐ Bed and chair	

Functional Activities:

Stairs:	☐ Up and down normally	☐ Up and down with bannister	☐ Up and down with any method	☐ Not able to use stairs
Socks/shoes:	☐ With ease	☐ With difficulty	☐ Unable	
Sitting:	☐ Any chair, 1 hour	☐ Any chair, ½ hour	☐ Unable to sit for ½ hour	
Public transport:	☐ Able to use public transport	☐ Unable to use public tranport		

How far can you walk prior to pain? _____

Do you avoid physical activity such as long distances, shopping, going up stairs? _____

Do you have a regular exercise programme? _____

What is your amount of pain at rest? Least = ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 = Maximum

Pain during or immediately after activity?	Least = ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 = Maximum

Where is your pain located?	☐ back	☐ buttocks	☐ down the leg	☐ groin	☐ thigh
Does your pain radiate to other places?	☐ down	☐ thigh	☐ leg	☐ backwards	☐ other

Have you had previous hip injuries? _____

Previous treatments?	☐ physiotherapy	☐ steroid injections	☐ synvisc or hyalgan injections	☐ anti-inflammatory medications	☐ chondroitin/ glucosamine

Previous hip surgeries? _____

How does your hip pain limit your daily functions? _____