

1. **During the past 4 weeks**, how would you describe the pain you usually had **from your hip**?

None 1	Very mild 2	Mild 3	Moderate 4	Severe 5

2. **During the past 4 weeks**, have you had any trouble with washing and drying yourself (all over) **because of your hip**?

No trouble at all 1	Very little trouble 2	Moderate trouble 3	Extreme difficulty 4	Impossible to do 5

3. **During the past 4 weeks**, have you had any trouble getting in and out of a car or using public transport **because of your hip**?

No trouble at all 1	Very little trouble 2	Moderate trouble 3	Extreme difficulty 4	Impossible to do 5

4. **During the past 4 weeks**, have you been able to put on a pair of socks, stocking or tights?

Yes Easily 1	With little difficulty 2	With Moderate difficulty 3	With Extreme difficulty 4	No, Impossible 5

5. **During the past 4 weeks**, could you do the household shopping on your own?

Yes Easily 1	With little difficulty 2	With Moderate difficulty 3	With Extreme difficulty 4	No, Impossible 5

6. **During the past 4 weeks**, for how long have you been able to walk before pain **from your hip** becomes severe (with or without a stick)?

No pain/more than 30 minutes 1	16 – 30 minutes 2	5 – 15 minutes 3	Around the house only 4	Not at all, pain severe on walking 5

7. **During the past 4 weeks**, have you been able to climb a flight of stairs?

Yes Easily 1	With little difficulty 2	With Moderate difficulty 3	With Extreme difficulty 4	No, Impossible 5

8. **During the past 4 weeks**, after a meal (sat at a table), how painful has it been for you to stand up from a chair **because of your hip**?

Not at all painful 1	Slightly painful 2	Moderately painful 3	Very painful 4	Unbearable 5

9. **During the past 4 weeks**, have you been limping when walking **because of your hip**?

Rarely/never 1	Sometimes, or just at first 2	Often, not just at first 3	Most of the time 4	All of the time 5

10. **During the past 4 weeks**, have you had any sudden or severe pain – ‘shooting’, ‘stabbing’, or ‘spasms’ – **from the affected hip**?

No days 1	Only 1 or 2 days 2	Some days 3	Most days 4	Every Day 5

11. **During the past 4 weeks**, how much has pain **from your hip** interfered with your usual work (including housework)?

Not at all 1	A little bit 2	Moderately 3	Greatly 4	Totally 5

12. **During the past 4 weeks**, have you been troubled by pain **from your hip** in bed at night?

No nights 1	Only 1 or 2 nights 2	Some nights 3	Most nights 4	Every Night 5

Thank you for completing this questionnaire.