Please answer every question with one response that most closely describes your condition within the past week. If the activity in question is limited by something other than your hip mark not applicable (N/A).

Because of your hip how much difficulty do you have with:

|  | No <br> Difficulty <br> at all | Some <br> Difficulty | Moderate <br> Difficulty | Extreme <br> Difficulty | Unable | N/A |
| :--- | :---: | :---: | :---: | :---: | :---: | :--- |
| Standing for 15 minutes | 4 | 3 | 2 | 1 | 0 | N/A |
| Getting into and out of an average car | 4 | 3 | 2 | 1 | 0 | N/A |
| Walking up steep hills | 4 | 3 | 2 | 1 | 0 | N/A |
| Walking down steep hills | 4 | 3 | 2 | 1 | 0 | N/A |
| Going up 1 flight of stairs | 4 | 3 | 2 | 1 | 0 | N/A |
| Going down 1 flight of stairs | 4 | 3 | 2 | 1 | 0 | N/A |
| Stepping up and down curbs | 4 | 3 | 2 | 1 | 0 | N/A |
| Deep squatting | 4 | 3 | 2 | 1 | 0 | N/A |
| Getting into and out of a bath tub | 4 | 3 | 2 | 1 | 0 | N/A |
| Walking initially | 4 | 3 | 2 | 1 | 0 | N/A |
| Walking approximately 10 minutes | 4 | 3 | 2 | 1 | 0 | N/A |
| Walking 15 minutes or greater | 4 | 3 | 2 | 1 | 0 | N/A |
| Twisting/pivoting on involved leg | 4 | 3 | 2 | 1 | 0 | N/A |
| Rolling over in bed | 4 | 3 | 2 | 1 | 0 | N/A |
| Light to moderate work (standing, walking) | 4 | 2 | 1 | 0 | N/A |  |
| Heavy work (push/pulling, climbing, carrying) | 4 | 2 | 1 | 0 | N/A |  |
| Recreational activities | 4 | 2 | 1 | 0 | N/A |  |
|  | 4 | 3 | 2 | 1 | 1 | 1 |

If you participate in a sport or exercise activity, please fill out the Sports Subscale. If you do not please stop here

## Sports Subscale

Because of your hip how much difficulty do you have with:

|  | No <br> Difficulty <br> at all | Some <br> Difficulty | Moderate <br> Difficulty | Extreme <br> Difficulty | Unable | N/A |
| :--- | :---: | :---: | :---: | :---: | :---: | :---: |
| Running one mile | 4 | 3 | 2 | 1 | 0 | N/A |
| Jumping | 4 | 3 | 2 | 1 | 0 | N/A |
| Swinging objects like a golf club | 4 | 3 | 2 | 1 | 0 | N/A |
| Landing | 4 | 3 | 2 | 1 | 0 | N/A |
| Starting and stopping quickly | 4 | 3 | 2 | 1 | 0 | N/A |
| Cutting/lateral movements | 4 | 3 | 2 | 1 | 0 | N/A |
| Low impact activities like fast walking | 4 | 3 | 2 | 1 | 0 | N/A |
| Ability to perform activity with your normal technique | 4 | 3 | 2 | 1 | 0 | N/A |
| Ability to participate in your desired sport as long as <br> you would like | 4 | 3 | 2 | 1 | 0 | N/A |

Total ADL score $\qquad$ / (Total \# answered x 4) $\qquad$ $=$ $\qquad$ $\mathrm{x} 100=$ $\qquad$ \%

Total Sports Subscale $\qquad$ / (Total \# answered x 4) $\qquad$ $=$ $\qquad$ x $100=$ $\qquad$ \%

Total Score $\qquad$ / (Total \# answered x 4) $\qquad$ = $\qquad$ x $100=$ $\qquad$ \%

