

HIP AND KNEE QUESTIONNAIRE (MODIFIED FROM AAOS)

Please answer the following questions for the hip/knee being treated or followed up. If it is BOTH hips/knees, please answer the questions for your **worse** side. All questions are about how you have felt, on average, during the **past week**. If you are being treated for an injury that happened less than one week ago, please answer for the period since your injury.

1. Which joint(s) are currently bothering you? (Circle all that apply)

1 Hip

2 Knee

The following instructions are for questions 2-5.

For question #2-5, only answer those that apply to the joint(s) you selected in #1 above. For example, if you did not circle "Hip" in #1, then skip #2 and #3 below.

2. If your hip is bothering you, during the **past week**, how **stiff** was your hip? (Circle one response.)

1 Not at all 2 Mildly 3 Moderately 4 Very 5 Extremely

3. If your hip is bothering you, during the **past week**, how **swollen** was your hip? (Circle one response.)

1 Not at all 2 Mildly 3 Moderately 4 Very 5 Extremely

4. If your knee is bothering you, during the **past week**, how **stiff** was your knee? (Circle one response.)

1 Not at all 2 Mildly 3 Moderately 4 Very 5 Extremely

5. If your knee is bothering you, during the **past week**, how **swollen** was your knee? (Circle one response.)

1 Not at all 2 Mildly 3 Moderately 4 Very 5 Extremely

The following instructions are for questions 6-8.

During the **past week**, please tell us about how painful your hips/knees were during the following activities. (Circle ONE response on each line that best describes your average ability for each joint.)

	Not painful	Mildly painful	Moderately painful	Very painful	Extremely painful	Could not do because of hip/knee pain	Could not do for other reasons
6. Walking on flat surfaces?							
Right Hip	1	2	3	4	5	6	7
Left Hip	1	2	3	4	5	6	7
Right Knee	1	2	3	4	5	6	7
Left Knee	1	2	3	4	5	6	7

	Not painful	Mildly painful	Moderately painful	Very painful	Extremely painful	Could not do because of hip/knee pain	Could not do for other reasons
7. Going up or down stairs?							
Right Hip	1	2	3	4	5	6	7
Left Hip	1	2	3	4	5	6	7
Right Knee	1	2	3	4	5	6	7
Left Knee	1	2	3	4	5	6	7

	Not painful	Mildly painful	Moderately painful	Very painful	Extremely painful	Could not do because of hip/knee pain	Could not do for other reasons
8. Lying in bed at night?							
Right Hip	1	2	3	4	5	6	7
Left Hip	1	2	3	4	5	6	7
Right Knee	1	2	3	4	5	6	7
Left Knee	1	2	3	4	5	6	7

9. Which of the following statements **best describes your ability to get around most of the time during the **past week**? (Circle one response.)**

- 1 I did not need support or assistance at all.
- 2 I mostly walked without support or assistance.
- 3 I mostly used one cane or crutch to help me get around
- 4 I mostly used two canes, two crutches or a walker to help me get around.
- 5 I used a wheelchair.
- 6 I mostly used other supports or someone else had to help me get around.
- 7 I was unable to get around at all.

10. How difficult was it for you to put on or take off socks/stockings during the **past week? (Circle one response.)**

- 1 Not at all difficult 2 Slightly difficult 3 Moderately difficult 4 Very difficult 5 Extremely difficult 6 Cannot do it at all