

# QUESTIONS ABOUT YOUR HIPS

Name : \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Today's date: \_\_\_\_\_

**1. Illnesses, surgeries and injuries to date:** Have you had severe hip problems, injuries or surgeries before?  
Circle one.

- A My hips have been healthy all my life.
- B Some minor hip problems.
- C Considerable hip problems that have required treatment.
- D Severe problems, chronic pain, one or more surgeries.
- E Lasting severe hip damage.

**2. How have you used your hips so far?** What kind of stresses have your hips been exposed to at work and at play? How about your weight? Circle one.

- A Little stress (for example ideal weight, fitness exercise).
- B Increased stress (for example overweight, lifting, sitting at work, running).
- C Severe stress (for example overweight, heavy lifting, running, jumping).
- D Extreme stress (for example obesity, repeated heavy lifting, marathon running).
- E Lasting hip damage with disability.

**3. What are your expectations from therapy?** Circle one.

- A Instructions for self help.
- B No expectations.
- C Alleviation of my symptoms.
- D Immediate and complete recovery.
- E Nobody can help me anyway.

**4. Functionality of your hip:** How does your hip problem affect your everyday life? Circle one.

- A My hips don't give me any problems whatsoever.
- B I don't know.
- C I have some symptoms with everyday activities but they do not restrict what I can do.
- D It is affecting my daily routine. I have to change my lifestyle but I can manage on my own.
- E My hip is so bad that I cannot get through a day without assistance.

**5. How long can you walk?** How long can you walk on a paved surface at a steady pace without taking breaks?  
A steady pace means two steps per second or three miles per hour. Circle one.

- A For hours
- B I don't know.
- C One hour or less
- D 20 minutes or less
- E I can barely get around the house or not even that.

**6. How badly are you suffering?** Some problems are easy to deal with while others are hard to handle emotionally. How would you describe your situation? Circle one.

- A No problem.
- B I can handle it.
- C My hip problems are a burden that can keep me preoccupied.
- D My hip problems severely impact my life and how I feel.
- E I am done – with my hip, and sometimes with life, too.

**7. A sense of your body:** Which one are you? The one who picks up a new dance, sport or yoga pose right away or the one who has to practice over and over again? Circle one.

- A Movement and change is my life. No problem.
- B I could probably do it if I wanted to.
- C I try, but I usually quit because it doesn't work right away.
- D I can do it but I have to work really hard at it.
- E I'm a hopeless case. Not a chance.

**8. Motivation:** Healthy hips need care, training and attention. This requires a positive attitude, a lot of patience, a bit of understanding and some discipline. Which option best describes you? Circle one.

- A I am highly motivated and have never ending patience.
- B I'll have to think about this one.
- C I'll give it a try.
- D Motivation isn't my strong suit.
- E This is a waste of time.

**9. Have previous treatments been successful?** Maybe this is not your first attempt at treating your hip problem. Considering all successes and failures to date, which answer is the most true?

- A I am almost fully recovered.
- B I don't know how to judge my situation.
- C The treatments have helped some.
- D There has been no significant improvement.
- E I am only getting worse.

**10. How old are you?**

- A 20 – 40 years old.
- B Under 20 years old.
- C 40 – 60 years old.
- D 60 – 80 years old.
- E Over 80 years old.

**11. Diagnosis and prognosis:** Maybe you have already seen a doctor or know the diagnosis of your hip problem. Please choose the one best answer.

- A It's nothing serious.
- B I don't know what the problem is.
- C It's bad right now but I should be able to completely recover.
- D I have lasting damage that will lead to chronic problems.
- E I have severe damage that could permanently impair my ability to walk or even work.

Done!

Score: \_\_\_\_\_