International Hip Outcome Tool (IHOT12)

eform v 3.1

Patient Name: ______________________ **Side:** ☐ Left ☐ Right

Patient ID: ______________________

Date of review: ☐☐☐☐☐☐☐☐ (complete either the date of review or the follow up period below)

Follow up period: Pre Op OR ______ Weeks / Months / Years (add the delay and circle one)

Simply place a vertical line at the position on the line below that corresponds accurately with your perception of your answer to the question. Please ensure that your line crosses the horizontal line, inside the shaded area.

1. Overall, how much pain do you have in your hip/groin?

   Extreme pain ________________________________ No pain at all

2. How difficult is it for you to get up and down off the floor/ground?

   Extremely difficult ________________________________ Not difficult at all

3. How difficult is it for you to walk long distances?

   Extremely difficult ________________________________ Not difficult at all

4. How much trouble do you have with grinding, catching or clicking in your hip?

   Severe trouble ________________________________ No trouble at all

5. How much trouble do you have pushing, pulling, lifting or carrying heavy objects?

   Severe trouble ________________________________ No trouble at all

6. How concerned are you about cutting/changing directions during your sport or recreational activities?

   Extremely concerned ________________________________ Not concerned at all

7. How much pain do you experience in your hip after activity?

   Extreme pain ________________________________ No pain at all

8. How concerned are you about picking up or carrying children because of your hip?

Extremely concerned ______________________ Not concerned at all

9. How much trouble do you have with sexual activity because of your hip?

☐ This is not relevant to me

Severe trouble ______________________ No trouble at all

10. How much of the time are you aware of the disability in your hip?

Constantly aware ______________________ Not aware at all

11. How concerned are you about your ability to maintain your desired fitness level?

Extremely concerned ______________________ Not concerned at all

12. How much of a distraction is your hip problem?

Extreme distraction ______________________ No distraction at all