

Brooklin Village Physiotherapy

Name: _____

Date: _____

International Hip Outcome Tool (iHOT¹²)

Instructions:

- These questions ask about the problems you may be experiencing in you hip and how these problems affect your physical and emotional life.
- Please answer each question by circling a number between 0 and 10 (0- maximum difficulty/unable to perform etc, 10 – no difficulty at all)
- Please answer each question with respect to the current status, function, circumstances and beliefs related to your hip over the past month.

Q1	<i>Overall, how much pain do you have in your hip/groin (Note: 0 – max pain, 10 – no pain)?</i> ☹️ 0 1 2 3 4 5 6 7 8 9 10 ☺️
Q2	<i>How difficult is it for you to get up and down off the floor/ground?</i> ☹️ 0 1 2 3 4 5 6 7 8 9 10 ☺️
Q3	<i>How difficult is it for you to walk long distances?</i> ☹️ 0 1 2 3 4 5 6 7 8 9 10 ☺️
Q4	<i>How much trouble do you have with hip; grinding, catching or clicking?</i> ☹️ 0 1 2 3 4 5 6 7 8 9 10 ☺️
Q5	<i>How much trouble do you have pushing, pulling, lifting or carrying heavy objects at work?</i> ☹️ 0 1 2 3 4 5 6 7 8 9 10 ☺️
Q6	<i>How concerned are you about cutting/changing directions during your sport or recreational activities?</i> ☹️ 0 1 2 3 4 5 6 7 8 9 10 ☺️
Q7	<i>How much pain do you experience in you hip after activity?</i> ☹️ 0 1 2 3 4 5 6 7 8 9 10 ☺️
Q8	<i>How concerned are you about picking up or carrying children because of your hip?</i> ☹️ 0 1 2 3 4 5 6 7 8 9 10 ☺️
Q9	<i>How much trouble do you have with sexual activity because of you hip?</i> ☹️ 0 1 2 3 4 5 6 7 8 9 10 ☺️
Q10	<i>How much of the time are you aware of the disability in your hip?</i> ☹️ 0 1 2 3 4 5 6 7 8 9 10 ☺️
Q11	<i>How much is your fitness level being affected by your hip?</i> ☹️ 0 1 2 3 4 5 6 7 8 9 10 ☺️
Q12	<i>How much of a distraction is your hip problem?</i> ☹️ 0 1 2 3 4 5 6 7 8 9 10 ☺️

Score: _____ /120