

Northumbria Hip Preservation Unit

Patient Reported Outcomes

iHOT-12

Please mark a point along the line that most appropriately represents the level of your typical situation in the last month.

Tip – If you don't do an activity, imagine how your hip would feel if you had to try it.

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?

Extreme difficulty || No difficulty at all

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

Extreme difficulty || No difficulty 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 at work?

Severe trouble || No trouble at all

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

Extreme concern || No concern at all

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

Extreme pain || No pain at all

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

Extreme concern || No concern at all

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

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?

Extreme concern || No concern at all

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

Extremely distracted || Not distracted at all