

# iHOT12

All ques ons refer to your limita ons/di cul es related to your injured Achilles tendon. Answer every ques on by grading your limita ons/symptoms from 0-10. Remer limita ons and 10= No limita ons).

1. Overall how much pain do you have in your hip/groin?
2. How difficult is it for you to get up and down off the floor/ground?
3. How difficult is it for you to walk long distances?
4. How much trouble do you have with grinding, catching or clicking in your trip?
5. How much trouble do you have pushing, pulling, lifting or carrying heavy object at work?
6. How concerned are you about cutting/changing direcctions during your sport or recreational activities?
7. How much pain do you experience in you hip after activity?
8. How concernned are you about picking up or carrying children because of your trip?
9. How much trouble do you have with sexual activity beacuse of you hip?
10. How much of the time are you aware of the disability in your trip?
11. How concernned are you about your ability to maintain your desired fitness level?
12. How much of a distraction is your hip problem?

Comment:

Anwering date:

Day

Month

Year

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