

International Hip Outcome Tool (IHOT12)

Date _____

Patient Name _____ Date of Birth _____

Hip **Right** **Left** **Have you had surgery on this hip by Dr Byrd before?** **YES** **NO**
 If so, how long ago was the surgery? 3 months 1 yr 2 yrs 5 yrs 10 yrs 15 yrs 20 yrs
 Are you glad you did the surgery? YES NO

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. Please answer all the questions.

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

(Continue to next page)

Patient Name _____ **Date of Birth** _____

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

(End of survey- Thank you for taking the time to complete!)