

Japanese Orthopedic Association Hip Disease Evaluation Questionnaire

The following questionnaire asks you to describe your hip-joint condition, including difficulties you may encounter in daily life. Your honest appraisals will help us improve treatment for patients in the future. Thank you for taking the time to fill out this questionnaire.

Guidelines

- ① Please make sure that your answers to the questions pertain to your hip-joint condition within the past 3 months.
- ② Please refer to the examples below in answering the questions.
- ③ Please try answer all questions. However, if you find some questions difficult to answer, you may skip them.
- ④ In this questionnaire, there are two types of questions:
 - I. The first type asks you to place an X on a line to indicate your answer.
 - II. The second type asks you place a check mark in the box that applies to you.

Type I Question Example.

<Important Point>

Place an X on the line that corresponds to your answer.

Good Examples

No pain at all		Maximum pain
✕	—————	
No pain at all		Maximum pain
	—————✕	

In this case the X is not on the line, but beside or above it.

Bad Examples

No pain at all		Maximum pain
✕	—————	
No pain at all		Maximum pain
	—————✕	

Type II Question Example

<Important Point>

Please check ONE box that most applies to you.

<p>Good example: 1 box is checked.</p> <p>Bad example: 2 boxes are checked.</p>		Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
Good example	Even when I am at rest, my hip is painful.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bad example	Even when I am at rest, my hip is painful.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The Questionnaire Begins Here

*Please respond regarding your current (within the last 3 months) hip condition.

1. In general, rate your current level of satisfaction as it pertains to your hip condition.

Place an X on the continuum, where the left side represents complete satisfaction and the right represents complete dissatisfaction.

Complete Satisfaction

Complete Dissatisfaction



2. How severe is your hip pain?

Place an X on the continuum of pain, where the left side represents no pain at all and the right side represents maximum pain.

<Right Side Hip>

**No Pain
at all**

**Maximum
Pain**



<Left Side Hip>

**No Pain
at all**

**Maximum
Pain**



Please place a check mark in the box for each question that applies to you.

		Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
1. Even when I am at rest, my hip is painful.	Right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Left	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. My hip is painful when I sit in a chair.	Right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Left	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel pain in my hip when I start to move.	Right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Left	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I cannot move my hip joint freely because of the pain.	Right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Left	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The pain in my hip joint prevents me from moving with strength.	Right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Left	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Because of hip-joint pain, I occasionally cannot sleep well.	Right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Left	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. It is difficult for me to climb up and down stairs.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. It is difficult for me to get up from the floor and tatami.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. It is difficult for me to squat.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. It is difficult for me to use a Japanese-style toilet.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
11. It is difficult to get in and out of a bathtub.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. It is difficult to cut my toenails.	Right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Left	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. It is difficult to put on my socks.	Right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Left	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Because of hip-joint disease, I sometimes get irritated or feel nervous.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Because of hip-joint disease, I feel dispirited and avoid going out.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Because of hip-joint disease, I feel anxiety about my livelihood/daily life.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Because of hip-joint disease, I feel dissatisfied with my health.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. My hip-joint condition deeply affects my well-being.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Because of hip joint disease, it is difficult for me to actively undertake various things.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Because of hip-joint pain, sometimes participation in local events and neighborhood relationships does not go smoothly for me.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for completing this questionnaire.

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