

Alfred  Sandringham  Caulfield

Unit:.....

## HIP AND KNEE QUESTIONNAIRE

Today's date ..... / ..... / .....

### Instructions:

For the following questions, think about how your hip or knee has been affecting you over the last 3 months when taking your usual medication or using your usual aids (e.g., walking stick, frame or handrails).

Tick one box  only for each question.

UR	<input type="text"/>
Family Name	<input type="text"/>
Given Names	<input type="text"/>
Address	<input type="text"/>
Date of Birth	<input type="text"/>
Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other

### 1. Do you have hip or knee pain that does not get better even when you rest (such as while sitting)?

- None or mild pain
- Moderate pain
- Severe pain
- Extremely severe pain
- The pain is so severe that I cannot bear it

### 2. Do you have hip or knee pain when you first go to bed at night that stops you going to sleep?

- No or rarely
- I have pain that sometimes stops me going to sleep
- I have pain that often stops me going to sleep
- I have pain that stops me going to sleep most of the time
- I have pain that stops me going to sleep all the time

### 3. Do you have hip or knee pain that limits your walking?

- My walking is not limited by hip or knee pain
- I can walk for at least 30 minutes before pain stops me
- I can walk for about 10 to 15 minutes before pain stops me
- I can only walk for a short time (such as walking from one room to another room)
- I am not able to walk at all because of my hip or knee pain

### 4. Does your hip or knee make it difficult for you to look after yourself (such as washing yourself, getting dressed, going to the toilet)?

- No, I can look after myself → **Go to Question 6 (over the page)**
- There are some things I cannot do for myself
- There are many things I cannot do for myself I cannot do most things for myself
- I cannot look after myself because of my hip or knee

### 5. Do you get enough help with looking after yourself (such as washing yourself, getting dressed, going to the toilet)?

- I get as much help as I need
- Most of the time I get enough help
- Some of the time I get enough help
- I rarely get enough help
- I do not get enough help with looking after myself

➔ More questions over the page



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## HIP AND KNEE QUESTIONNAIRE

UR

Family Name

Given Names

Address

Date of Birth  Sex  Female  Male  Other

### 6. Does your hip or knee affect your enjoyment of life?

- No, or only a little
- It makes it moderately difficult for me to enjoy my life
- It makes it very difficult for me to enjoy my life
- It makes it extremely difficult for me to enjoy my life
- I cannot enjoy my life at all because of my hip or knee

### 7. Does your hip or knee cause difficulties with your relationships with people close to you (such as wife, husband, children and close friends)?

- No, it does not cause difficulties with my relationships
- It sometimes causes difficulties with my relationships
- It often causes difficulties with my relationships
- Most of the time it causes difficulties with my relationships
- All of the time my hip or knee causes difficulties with my relationships

### 8. Does your hip or knee make it difficult for your household (yourself, family and others) to manage financially?

- No, it does not affect my household finances
- It makes it slightly difficult to manage financially
- It makes it moderately difficult to manage financially
- It makes it extremely difficult to manage financially
- My household cannot manage financially at all because of my hip or knee

### 9. Have you been in paid work in the last 6 months?

- No
- Yes, my hip or knee does not make it difficult for me to work
- Yes, but it is moderately difficult for me to continue to work because of my hip or knee
- Yes, but it is very difficult for me to continue to work because of my hip or knee
- Yes, but I have had to stop work because of my hip or knee
- Yes, but working is difficult for me for **other reasons**

### 10. Do you need to look after people who require your care (such as a sick or disabled partner or family member)?

- No
- Yes, my hip or knee does not make it difficult for me to look after them
- Yes, but it is moderately difficult for me to look after them because of my hip or knee
- Yes, but it is very difficult for me to look after them because of my hip or knee
- Yes, but I am unable to care for them because of my hip or knee Yes, but it is difficult for me to look after them for **other reasons**

### 11. Overall, is your hip or knee problem different now compared with how it was 6 months ago?

- It is better now
- It is about the same now It is a little worse now
- It is moderately worse now It is very much worse now

➔ More questions over the page

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### Some information about you

12.  Mr  Mrs  Miss  Ms

Other \_\_\_\_\_

13. Your name

\_\_\_\_\_  
\_\_\_\_\_

14. Date of Birth ..... / ..... / .....

15. Home address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_

16. Postal address  
(if different from home address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_

17. Gender

Female  Male  Other

18. Did you need help from another person to read and understand this questionnaire?

Yes  No

19. Would you prefer to read and complete this questionnaire in another language?

Yes  No

Tick your preferred language

- Arabic
- Chinese
- Croatian
- Greek
- Italian
- Macedonian
- Maltese
- Polish
- Russian
- Spanish
- Turkish
- Vietnamese
- Other

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