HAGOS HIP/GROIN SURVEY

PHYSIOTUTORS

Today's date: ____/____/____ Date of birth: ____/____/____

Name: _____

INSTRUCTIONS: This questionnaire asks for your view about your hip and/or groin problem. The questions should be answered considering your hip and/or groin function during the **past week**.This information will help us keep track of how you feel, and how well you are able to do your usual activities.
Answer **every** question by ticking the appropriate box. Tick only one box for each question. If a question does not pertain to you or you have not experienced it in the past week please make your "best guess" as to which response would be the most accurate.

SYMPTOMS

These questions should be answered considering your hip and/or groin **symptoms** and difficulties during the **past week.**

S1. Do you feel discomfort in your hip and/or groin?

Never	Rarely	Sometimes	Often	Always
☐	☐	☐	☐	☐

S2.Do you hear clicking or any other type of noise from your hip and/or groin?

Never	Rarely	Sometimes	Often	All the time
☐	☐	☐	☐	☐

S3. Do you have difficulties stretching your legs far out to the side?

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

S4. Do you have difficulties taking full strides when you walk?

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

S5. Do you experience sudden twinging/stabbing sensations in your hip and/or groin?

Never	Rarely	Sometimes	Often	All the time
☐	☐	☐	☐	☐

STIFFNESS

The following questions concern the amount of stiffness you have experienced during the **past week** in your hip and/or groin. Stiffness is a sensation of restriction or slowness in the ease with which you move your hip and/or groin.

S6. How severe is your hip and/or groin stiffness after first awakening in the morning?

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

S7. How severe is your hip and/or groin stiffness after sitting, lying or resting **later in the day**?

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

PAIN

P1. How often is your hip and/or groin painful?

Never	Monthly	Weekly	Daily	Always
☐	☐	☐	☐	☐

P2. How often do you have pain in areas other than your hip and/or groin that you think may be related to your hip and/or groin problem?

Never	Monthly	Weekly	Daily	Always
☐	☐	☐	☐	☐

The following questions concern the amount of pain you have experienced during the **past week** in your hip and/or groin. **What amount of hip and/or groin pain have you experienced during the following activities?**

P3. Straightening your hip fully

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

P4. Bending your hip fully

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

P5. Walking up or down stairs

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

P6. At night while in bed (pain that disturbs your sleep)

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

P7. Sitting or lying

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

P8. Standing upright

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

P9. Walking on a hard surface (asphalt, concrete, etc.)

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

P10. Walking on an uneven surface

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

FUNCTION, DAILY LIVING

The following questions concern your physical function. **For each of the following activities please indicate the degree of difficulty you have experienced in the past week due to your hip and/or groin problem.**

A1. Walking up stairs

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

A2. Bending down, e.g. to pick something up from the floor

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

A3. Getting in/out of car

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

A4. Lying in bed (turning over or maintaining the same hip position for a long time)

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

A5. Heavy domestic duties (moving heavy boxes, scrubbing floors, etc)

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

FUNCTION, SPORTS AND RECREATIONAL ACTIVITIES

The following questions concern your physical function when being active on a higher level. The questions should be answered thinking of what degree of difficulty you have experienced during the **last week** due to your hip.

SP1. Squatting

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

SP2. Running

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

SP3. Twisting/pivoting on your injured hip

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

SP4. Walking on uneven surface

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

SP5. Running as fast as you can

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

SP6. Bringing the leg forcefully forward and/or out to the side, such as in kicking, skating etc.

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

SP7. Sudden explosive movements that involve quick footwork, such as accelerations, decelerations, change of directions etc.

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

SP8. Situations where the leg is stretched into an outer position (such as when the leg is placed as far away from the body as possible)

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

PARTICIPATION IN PHYSICAL ACTIVITIES

The following questions are about your ability to participate in your preferred physical activities. Physical activities include sporting activities as well as all other forms of activity where you become slightly out of breath. **When you answer these questions consider to what degree your ability to participate in physical activities during the past week has been affected by your hip and/or groin problem.**

PA1. Are you able to participate in your preferred physical activities for as long as you would like?

Always	Often	Sometimes	Rarely	Never
☐	☐	☐	☐	☐

PA2. Are you able to participate in your preferred physical activities at your normal performance level?

Always	Often	Sometimes	Rarely	Never
☐	☐	☐	☐	☐

QUALITY OF LIFE

Q1. How often are you aware of your hip and/or groin problem?

Never	Monthly	Weekly	Daily	Constantly
☐	☐	☐	☐	☐

Q2. Have you modified your life style to avoid potentially damaging activities to your hip and/or groin?

Not at all	Mildly	Moderately	Severly	Totally
☐	☐	☐	☐	☐

Q3. In general, how much difficulty do you have with your hip and/or groin?

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

Q4. Does your hip and/or groin problem affect your mood in a negative way?

Never	Rarely	Sometimes	Often	All the time
☐	☐	☐	☐	☐

Q5. Do you feel restricted due to your hip and/or groin problem?

Never	Rarely	Sometimes	Often	All the time
☐	☐	☐	☐	☐

THANK YOU VERY MUCH FOR COMPLETING ALL THE QUESTIONS IN THIS QUESTIONNAIRE.