

APPENDIX 1

International Hip Outcome Tool (iHOT-33).

The header graphic for the iHOT-33 tool is a dark grey rectangle. On the left, the text 'iHOT³³' is written in large white font, with 'INTERNATIONAL HIP OUTCOME TOOL' in smaller white font below it. To the right, there are three white input fields: 'NAME', 'DATE OF BIRTH', and 'TODAY'S DATE'. Further right, a white box titled 'WHICH HIP IS THIS SURVEY ABOUT?' contains the instruction: 'If we've asked you to tell us about one hip in particular, tick that. Otherwise, tick the one which causes most trouble.' Below this are two radio button options: 'Left' and 'Right'.

QUALITY OF LIFE QUESTIONNAIRE FOR YOUNG, ACTIVE PEOPLE WITH HIP PROBLEMS

INSTRUCTIONS

- These questions ask about the problems you may be experiencing in your hip, how these problems affect your life, and the emotions you may feel because of these problems.
- Please indicate the severity by marking the line below each question with a slash.
 - » If you put a mark on the far **left**, it means that you **feel you are significantly impaired**. For example:

SIGNIFICANTLY IMPAIRED _____ NO PROBLEMS AT ALL

- » If you put a mark on the far **right**, it means that you **do not think that you have any problems** with your hip. For example:

SIGNIFICANTLY IMPAIRED _____ NO PROBLEMS AT ALL

- » If the mark is placed in the middle of the line, this indicates that you are moderately disabled, or in other words, between the extremes of 'significantly impaired' and 'no problems at all'. It is important to put your mark at either end of the line if the extreme descriptions accurately reflect your situation.

TIP If you don't do an activity, imagine how your hip would feel if you had to try it.

- Please let your answers describe the typical situation in the last **month**.

SECTION 1 | SYMPTOMS AND FUNCTIONAL LIMITATIONS

The following questions ask about symptoms that you may experience in your hip and about the function of your hip with respect to daily activities. Please think about how you have felt most of the time over the past month and answer accordingly.

Q01 How often does your hip/groin ache?

CONSTANTLY _____ NEVER

Q02 How stiff is your hip as a result of sitting/resting during the day?

EXTREMELY STIFF _____ NOT STIFF AT ALL

.....
Q03 How difficult is it for you to walk long distances?

EXTREMELY DIFFICULT _____ NOT DIFFICULT AT ALL

.....
Q04 How much pain do you have in your hip while sitting?

EXTREME PAIN _____ NO PAIN AT ALL

.....
Q05 How much trouble do you have standing on your feet for long periods of time?

SEVERE TROUBLE _____ NO TROUBLE AT ALL

.....
Q06 How difficult is it for you to get up and down off the floor/ground?

EXTREMELY DIFFICULT _____ NOT DIFFICULT AT ALL

.....
Q07 How difficult is it for you to walk on uneven surfaces?

EXTREMELY DIFFICULT _____ NOT DIFFICULT AT ALL

.....
Q08 How difficult is it for you to lie on your affected hip side?

EXTREMELY DIFFICULT _____ NOT DIFFICULT AT ALL

.....
Q09 How much trouble do you have with stepping over obstacles?

SEVERE TROUBLE _____ NO TROUBLE AT ALL

.....
Q10 How much trouble do you have with climbing up/down stairs?

SEVERE TROUBLE _____ NO TROUBLE AT ALL

.....
Q11 How much trouble do you have with rising from a sitting position?

SEVERE TROUBLE _____ NO TROUBLE AT ALL

.....
Q12 How much discomfort do you have with taking long strides?

EXTREME DISCOMFORT _____ NO DISCOMFORT AT ALL

.....

Q13 How much difficulty do you have with getting into and/or out of a car?

EXTREME DIFFICULTY _____ NO DIFFICULTY AT ALL

.....

Q14 How much trouble do you have with grinding, catching or clicking in your hip?

SEVERE TROUBLE _____ NO TROUBLE AT ALL

.....

Q15 How much difficulty do you have with putting on/taking off socks, stockings or shoes?

EXTREME DIFFICULTY _____ NO DIFFICULTY AT ALL

.....

Q16 Overall, how much pain do you have in your hip/groin?

EXTREME PAIN _____ NO PAIN AT ALL

SECTION 2 | SPORTS AND RECREATIONAL ACTIVITIES

The following questions ask about your **hip** when you participate in sports and recreational activities. Please think about how you have felt most of the time over the past **month** and answer accordingly.

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Q17 How concerned are you about your ability to maintain your desired fitness level?

EXTREMELY CONCERNED _____ NOT CONCERNED AT ALL

.....

Q18 How much pain do you experience in your hip after activity?

EXTREME PAIN _____ NO PAIN AT ALL

.....

Q19 How concerned are you that the pain in your hip will increase if you participate in sports or recreational activities?

EXTREMELY CONCERNED _____ NOT CONCERNED AT ALL

.....

Q20 How much has your quality of life deteriorated because you cannot participate in sport/recreational activities?

EXTREMELY DETERIORATED _____ NOT DETERIORATED AT ALL

.....

Q21 How concerned are you about cutting/changing directions during your sport or recreational activities?

I do not do this action in my activities

EXTREMELY
CONCERNED

NOT CONCERNED
AT ALL

.....

Q22 How much has your performance level decreased in your sport or recreational activities?

EXTREMELY
DECREASED

NOT DECREASED
AT ALL

SECTION 3 | JOB RELATED CONCERNS

The following questions relate to your hip with respect to your current work. Please think about how you have felt most of the time over the past month and answer accordingly.

I do not work because of my hip (*please skip section*)

I do not work for reasons other than my hip (*please skip section*)

.....

Q23 How much trouble do you have pushing, pulling, lifting or carrying heavy objects at work?

I do not do these actions in my activities

SEVERE TROUBLE

NO TROUBLE AT
ALL

.....

Q24 How much trouble do you have with crouching/squatting?

SEVERE TROUBLE

NO TROUBLE AT
ALL

.....

Q25 How concerned are you that your job will make your hip worse?

EXTREMELY
CONCERNED

NOT CONCERNED
AT ALL

.....

Q26 How much difficulty do you have at work because of reduced hip mobility?

EXTREME
DIFFICULTY

NO DIFFICULTY
AT ALL

SECTION 4 | SOCIAL, EMOTIONAL AND LIFESTYLE CONCERNS

The following questions ask about social, emotional and lifestyle concerns that you may feel with respect to your hip problem. Please think about how you have felt most of the time over the past month and answer accordingly.

.....

Q27 How frustrated are you because of your hip problem?

EXTREMELY FRUSTRATED _____ NOT FRUSTRATED AT ALL

.....

Q28 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

.....

Q29 How much of a distraction is your hip problem?

EXTREME DISTRACTION _____ NO DISTRACTION AT ALL

.....

Q30 How difficult is it for you to release tension and stress because of your hip problem?

EXTREMELY DIFFICULT _____ NOT DIFFICULT AT ALL

.....

Q31 How discouraged are you because of your hip problem?

EXTREMELY DISCOURAGED _____ NOT DISCOURAGED AT ALL

.....

Q32 How concerned are you about picking up or carrying children because of your hip?

I do not do this action in my activities

EXTREMELY CONCERNED _____ NOT CONCERNED AT ALL

.....

Q33 How much of the time are you aware of the disability in your hip?

CONSTANTLY AWARE _____ NOT AWARE AT ALL