

The Hip and Knee Questionnaire

ID

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). Please tick one box only for each question.

1. **Do you have hip or knee pain that does not get better even when you rest (for example, 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

Please answer the questions over the page



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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

Please answer the questions over the page

Some information about you

Today's date: ___ / ___ / _____

12. Title: Mr Mrs Miss Ms

Other _____

13. Your name:

14. Your date of birth: ___ / ___ / ___

15. Your home address:

_____ Postcode: _____

16. Your postal address
(if different from home address):

_____ Postcode: _____

17. Your gender? Please tick one:

Male Female

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

Please tick the box next to your preferred language:

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

Other _____

Thank you for taking the time to answer these questions



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