

International Hip Outcome Tool (IHOT12)

Name: _____ Date: _____

Side: Left _____ Right _____ Both _____

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

No pain at all 0 1 2 3 4 5 6 7 8 9 10 Extreme pain

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

No difficulty 0 1 2 3 4 5 6 7 8 9 10 Extremely difficult

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

No difficulty 0 1 2 3 4 5 6 7 8 9 10 Extremely difficult

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

No trouble at all 0 1 2 3 4 5 6 7 8 9 10 Severe trouble.

5. How much trouble do you have pushing, pulling, lifting or carrying heavy objects?

No trouble at all 0 1 2 3 4 5 6 7 8 9 10 Severe trouble.

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

Not concerned at all 0 1 2 3 4 5 6 7 8 9 10 Extremely concerned

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

No pain at all 0 1 2 3 4 5 6 7 8 9 10 Extreme pain

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

Not concerned at all 0 1 2 3 4 5 6 7 8 9 10 Extremely concerned

9. How much trouble do you have with sexual activity because of your hip

_____ This is not relevant to me.

No trouble at all 0 1 2 3 4 5 6 7 8 9 10 Severe trouble

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

Not aware at all 0 1 2 3 4 5 6 7 8 9 10 Constantly aware

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

Not concerned at all 0 1 2 3 4 5 6 7 8 9 10 Extremely concerned

12. How much of a distraction is your hip problem?

No distraction 0 1 2 3 4 5 6 7 8 9 10 Extreme distraction