

## 4.1 Hip and Knee Questionnaire

To be completed by patient with or without assistance from doctor or carer

Please answer the following questions in relation to the hip or knee joint that is giving you the most problem. For the following questions, think about how your condition 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.

Which hip or knee joint is giving you the most problem? \_\_\_\_\_

The following questions apply to this joint.

|  |   |
|--|---|
| <p><b>1. Do you have pain in the affected joint that does not get better even when you rest?</b></p> <p><input type="checkbox"/> None or mild pain</p> <p><input type="checkbox"/> Moderate pain</p> <p><input type="checkbox"/> Severe pain</p> <p><input type="checkbox"/> Extremely severe pain</p> <p><input type="checkbox"/> The pain is so severe that I cannot bear it</p>   | <p><b>4. Does the affected joint affect your enjoyment of life?</b></p> <p><input type="checkbox"/> No, or only a little</p> <p><input type="checkbox"/> It makes it moderately difficult for me to enjoy my life</p> <p><input type="checkbox"/> It makes it very difficult for me to enjoy my life</p> <p><input type="checkbox"/> It makes it extremely difficult for me to enjoy my life</p> <p><input type="checkbox"/> I cannot enjoy my life at all because of my problem site</p>   |
| <p><b>2. Do you have pain in the affected joint when you first go to bed at night that stops you going to sleep?</b></p> <p><input type="checkbox"/> No or rarely</p> <p><input type="checkbox"/> I have pain that sometimes stops me going to sleep</p> <p><input type="checkbox"/> I have pain that often stops me going to sleep</p> <p><input type="checkbox"/> I have pain that stops me going to sleep most of the time</p> <p><input type="checkbox"/> I have pain that stops me going to sleep all the time</p>  | <p><b>5. Does your affected joint cause difficulties with your relationships with people close to you (such as wife, husband, children and close friends)?</b></p> <p><input type="checkbox"/> No, it does not cause difficulties with my relationships</p> <p><input type="checkbox"/> It sometimes causes difficulties with my relationships</p> <p><input type="checkbox"/> It often causes difficulties with my relationships</p> <p><input type="checkbox"/> Most of the time it causes difficulties with my relationships</p> <p><input type="checkbox"/> All of the time my problem site causes difficulties with my relationships</p> |
| <p><b>3. Do you have pain in the affected joint that limits your activity?</b></p> <p><input type="checkbox"/> My activity is not limited by pain at the problem site</p> <p><input type="checkbox"/> I can undertake activity for at least 30 minutes before pain at the problem site stops me</p> <p><input type="checkbox"/> I can undertake activity for about 10 to 15 minutes before pain at the problem site stops me</p> <p><input type="checkbox"/> I can only undertake activity for a short time</p> <p><input type="checkbox"/> I am not able to undertake certain activities at all because of pain at the problem site</p> | <p><b>6. Does your affected joint make it difficult for your household (yourself, family and others) to manage financially?</b></p> <p><input type="checkbox"/> No, it does not affect my household finances</p> <p><input type="checkbox"/> It makes it slightly difficult to manage financially</p> <p><input type="checkbox"/> It makes it moderately difficult to manage financially</p> <p><input type="checkbox"/> It makes it extremely difficult to manage financially</p> <p><input type="checkbox"/> My household cannot manage financially at all because of my problem site</p>   |

Continued overleaf

## Hip and Knee Questionnaire (page 2)

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|--|--|
| <p><b>7. Does your affected joint make it difficult for you to look after yourself (such as washing yourself, getting dressed, going to the toilet)?</b></p> <p><input type="checkbox"/> No, I can look after myself (Go to Question 6)</p> <p><input type="checkbox"/> There are some things I cannot do for myself</p> <p><input type="checkbox"/> There are many things I cannot do for myself</p> <p><input type="checkbox"/> I cannot do most things for myself</p> <p><input type="checkbox"/> I cannot look after myself because of my problem site</p> | <p><b>10. Have you been in <u>paid</u> work in the last 6 months?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, my problem site does not make it difficult for me to work</p> <p><input type="checkbox"/> Yes, but it is moderately difficult for me to continue to work because of my problem site</p> <p><input type="checkbox"/> Yes, but it is very difficult for me to continue to work because of my problem site</p> <p><input type="checkbox"/> Yes, but I have had to stop work because of my problem site</p> <p><input type="checkbox"/> Yes, but working is difficult for me for other reasons</p>   |
| <p><b>8. Do you get enough help with looking after yourself (such as washing yourself, getting dressed, going to the toilet)?</b></p> <p><input type="checkbox"/> I get as much help as I need</p> <p><input type="checkbox"/> Most of the time I get enough help</p> <p><input type="checkbox"/> Some of the time I get enough help</p> <p><input type="checkbox"/> I rarely get enough help</p> <p><input type="checkbox"/> I do not get enough help with looking after myself</p>   | <p><b>11. Do you need to look after people who require your care (such as a sick or disabled partner or family member)?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, my problem site does not make it difficult for me to look after them</p> <p><input type="checkbox"/> Yes, but it is moderately difficult for me to look after them because of my problem site</p> <p><input type="checkbox"/> Yes, but it is very difficult for me to look after them because of my problem site</p> <p><input type="checkbox"/> Yes, but I am unable to care for them because of my problem site</p> <p><input type="checkbox"/> Yes, but it is difficult for me to look after them for other reasons</p> |
| <p><b>9. Overall, is the problem with your affected joint different now compared with how it was <u>6 months ago</u>?</b></p> <p><input type="checkbox"/> It is better now</p> <p><input type="checkbox"/> It is about the same now</p> <p><input type="checkbox"/> It is a little worse now</p> <p><input type="checkbox"/> It is moderately worse now</p> <p><input type="checkbox"/> It is very much worse now</p>  | <p><b>For office use only</b></p> <p><b>SCORE:</b> _____</p>   |

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