Research Associate/Nurse to complete and send copies of the images to the FASHIoN Team

Site ID: ☐☐ Participant ID: F A S ☐☐☐

Baseline Images

Images required at Baseline: **X-Ray and MRI/MRA/CT** **(All patients)**

A minimum of MRI or MRA or CT is required at baseline. If patients have received more than one type then we would like copies of all these scans.

	Date of Image	
Baseline Image: X-ray	☐☐ ☐☐ ☐☐☐☐	
MRI	☐☐ ☐☐ ☐☐☐☐	Not done ☐
MRA	☐☐ ☐☐ ☐☐☐☐	Not done ☐
CT	☐☐ ☐☐ ☐☐☐☐	Not done ☐

Please return copies of the anonymised baseline on disc in the FREEPOST envelope provided to the FASHIoN team.

Signed:..... Date *(dd/mm/yyyy)*: ☐☐ ☐☐ ☐☐☐☐

Print Name:.....

To be completed by the Research Associate/Nurse

Site ID: ☐☐ **Participant ID:** F A S ☐☐☐

Baseline Data

Patient Characteristics:

1. Which hip is being considered for treatment? (please tick the relevant box)

Left ☐

Right ☐

Both ☐

If 'both' has been indicated please specify the hip the treating surgeon is considering for the study

Left ☐

Right ☐

Please give a brief description of hip symptoms (max 10 words):

2. Duration of hip symptoms (months): ☐☐

3. Is the patient a regular smoker? Yes ☐ No ☐

If **Yes** how many cigarettes per day? ☐☐

How many years has the patient smoked? ☐☐

4. How many *units of alcohol does the patient drink in a normal week? ☐☐

Working out units of alcohol

One unit of alcohol is equivalent to ½ a pint of ordinary beer, lager or cider; one single pub measure of spirits or one small glass of wine.

6. Is the patient diabetic? Yes ☐ No ☐

7. Does the patient have diagnosed chronic renal failure? Yes ☐ No ☐

Signature: .....

Print Name: .....

Date *(dd/mm/yyyy)*: ☐☐ ☐☐ ☐☐☐☐

This form is to be filled in by the Research Associate/Nurse once informed consent has been obtained

Patient Contact Details

Site ID

Participant ID F A S –

NHS Number

DO NOT SEND THIS PAGE WITH THE PATIENT'S CASE REPORT FORMS (CRFs)

Please return this page in the freepost envelope provided to the FASHIoN office once consent has been given. Please note as many different types of contact as possible.

Title: .....

First Name: ..... **Surname**:

.....

House/Flat Number: ..... **Telephone**

Street name: ..... Home: .....

..... Work: .....

Town/City: ..... Mobile: .....

Postcode: ..... Preferred method/time of contact:

Email: .....@..... .....

Please provide details of two people who would be willing to be contacted by the research team in case the patient changes address.

Title: ..... Title: .....

First Name: ..... First Name: .....

Surname: ..... Surname: .....

House/Flat Number: ..... House/Flat Number: .....

Street name: ..... Street name: .....

....

Town/City: ..... Town/City: .....

Postcode: ..... Postcode: .....

Email: ..... Email: .....

Telephone **Telephone**

Home: ..... Home: .....

Work: ..... Work: .....

Mobile: ..... Mobile: .....

GP DETAILS

Doctor/Surgery Name: .....

Address: .....

.....

Telephone: .....

Research Associate/Nurse signature: .....

Date (dd/mm/yyyy)

UKFASHION
STUDYING HIP IMPINGEMENT

SITE ID
PATIENT ID FAS-
DATE

Baseline Questionnaire

INSTRUCTIONS

Please read all the instructions before completing the questionnaire

Please follow the instructions for each section carefully.

Please answer all the questions. Although it may seem that questions are asked more than once, it is still important that you answer every one.

We would like to know about your ☐ left ☐ right hip

Date of completion / /

PART 1

This section asks about how active you are.

Q01 Tick one box that best describes your current activity level:

- ☐ I regularly participate in impact sports such as jogging, tennis, skiing or mountaineering
- ☐ I sometimes participate in impact sports
- ☐ I regularly participate in active events, such as golf or bowling
- ☐ I regularly participate in active events such as bicycling
- ☐ I regularly participate in moderate activities such as swimming or unlimited housework/shopping
- ☐ I sometimes participate in moderate activities
- ☐ I regularly participate in mild activities such as walking or limited housework/shopping
- ☐ I sometimes participate in mild activities
- ☐ I am mostly inactive or restricted to minimum activities of daily living
- ☐ I am wholly inactive, dependent on others, and cannot leave residence

PART 2 | 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 answer each question with respect to the current status, function, circumstances and beliefs related to your hip.
- Consider the last month.
- The questions are formatted so that you can indicate the severity of the problem by marking the line below the question.

PLEASE NOTE

Please mark the line with a slash at the point which most closely represents your situation.

- 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.

If the question asks about something that you do not experience, please tick the option:

☑ I do not do this action in my activities

where this is appropriate.

PART 2 | 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

PART 2 | 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.

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

PART 2 | 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

PART 2 | 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

PART 3

This information will help your doctors keep track of how you feel and how well you are able to do your usual activities. Answer every question by placing a check mark on the line in front of the appropriate answer. It is not specific for arthritis. If you are unsure about how to answer a question, please give the best answer you can and make a written comment beside your answer.

Q01 In general, would you say your health is:

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

The following two questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

Q02 Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf:

☐ Yes, Limited A Lot
☐ Yes, Limited A Little
☐ No, Not Limited At All

Q03 Climbing several flights of stairs:

☐ Yes, Limited A Lot
☐ Yes, Limited A Little
☐ No, Not Limited At All

During the past 4 weeks have you had any of the following problems with your work or other regular activities as a result of your physical health?

Q04 Accomplished less than you would like:

☐ Yes ☐ No

Q05 Were limited in the kind of work or other activities:

☐ Yes ☐ No

During the past 4 weeks, were you limited in the kind of work you do or other regular activities as a result of any emotional problems (such as feeling depressed or anxious)?

Q06 Accomplished less than you would like:

☐ Yes ☐ No

Q07 Didn't do work or other activities as carefully as usual:

☐ Yes ☐ No

Q08 During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

- ☐ Not At All
- ☐ A Little Bit
- ☐ Moderately
- ☐ Quite A Bit
- ☐ Extremely

The next three questions are about how you feel and how things have been during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks...

Q09 Have you felt calm and peaceful?

- ☐ All of the Time
- ☐ Most of the Time
- ☐ A Good Bit of the Time
- ☐ Some of the Time
- ☐ A Little of the Time
- ☐ None of the Time

Q10 Did you have a lot of energy?

- ☐ All of the Time
- ☐ Most of the Time
- ☐ A Good Bit of the Time
- ☐ Some of the Time
- ☐ A Little of the Time
- ☐ None of the Time

Q11 Have you felt downhearted and blue?

- ☐ All of the Time
- ☐ Most of the Time
- ☐ A Good Bit of the Time
- ☐ Some of the Time
- ☐ A Little of the Time
- ☐ None of the Time

Q12 During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?

- ☐ All of the Time
- ☐ Most of the Time
- ☐ A Good Bit of the Time
- ☐ Some of the Time
- ☐ A Little of the Time
- ☐ None of the Time

PART 4

The following questions ask you about your general health state at the moment. By ticking one box in each group below, please indicate which statement best describes your own health state today.

Q01 Mobility

- ☐ I have no problems in walking about
- ☐ I have slight problems in walking about
- ☐ I have moderate problems in walking about
- ☐ I have severe problems in walking about
- ☐ I am unable to walk about

Q02 Self-care

- ☐ I have no problems washing or dressing myself
- ☐ I have slight problems washing or dressing myself
- ☐ I have moderate problems washing or dressing myself
- ☐ I have severe problems washing or dressing myself
- ☐ I am unable to wash or dress myself

Q03 Usual activities (eg work, study, housework, family or leisure activities)

- ☐ I have no problems doing my usual activities
- ☐ I have slight problems doing my usual activities
- ☐ I have moderate problems doing my usual activities
- ☐ I have severe problems doing my usual activities
- ☐ I am unable to do my usual activities

Q04 Pain or discomfort

- ☐ I have no pain or discomfort
- ☐ I have slight pain or discomfort
- ☐ I have moderate pain or discomfort
- ☐ I have severe pain or discomfort
- ☐ I have extreme pain or discomfort

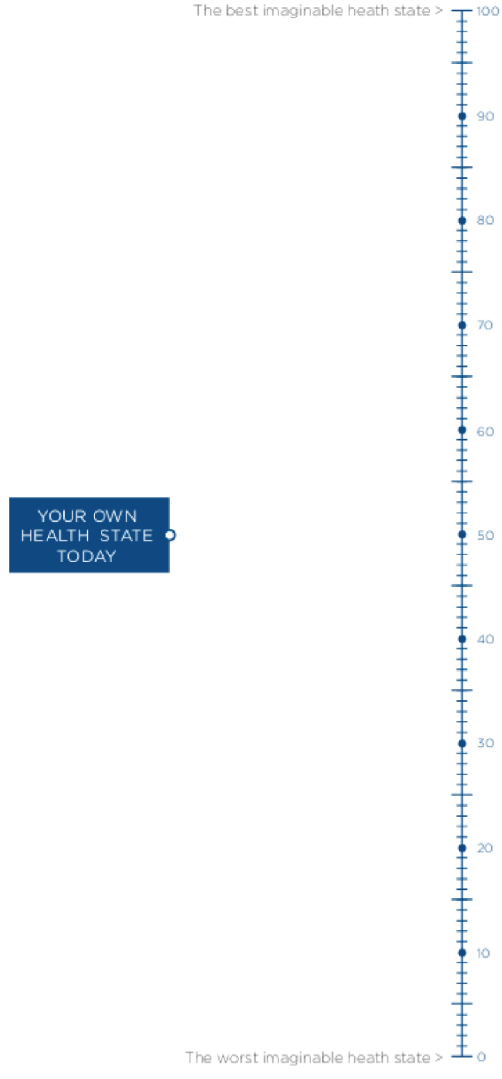
Q05 Anxiety or depression

- ☐ I am not anxious or depressed
- ☐ I am slightly anxious or depressed
- ☐ I am moderately anxious or depressed
- ☐ I am severely anxious or depressed
- ☐ I am extremely anxious or depressed

Q06 Health State

To help people say how good or bad a health status is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked by 100 and the worst state you can imagine is marked by 0.

Please mark an 'X' on the scale below to indicate how your health is **today** and then write the number you marked on the scale in the box at bottom right.



Complications

Q01 In the past 3 months have you been treated for any of the following events?

Wound complication (if you have had surgery)	☐ Yes	☐ No	☐ N/A
Unplanned surgery because of your femoroacetabular impingement	☐ Yes	☐ No	
A regional pain syndrome	☐ Yes	☐ No	
Deep Vein Thrombosis (DVT)	☐ Yes	☐ No	
If yes, did you see the DVT nurse	☐ Yes	☐ No	
If yes, were you prescribed medication?	☐ Yes	☐ No	

Q02 Any other complications? ☐ Yes ☐ No

If yes, please specify:

Q03 Have you had any other unscheduled appointment at hospital because of you femoroacetabular impingement. ☐ Yes ☐ No

If you are unsure about any of these questions please cross here ☐ and someone from the research team will get in contact with you to help you answer these questions.

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Health Economics: **Baseline**

We would like to find out about your contacts with health and social services over the last 3 months and any extra costs that have been incurred over the same period as a result of your health. Your answers are strictly confidential and anonymous. Your answers are important because they will give persons who make decisions about patient treatment within the National Health Service an idea of the costs involved.

INPATIENT / DAY CARE

Q01 Over the last 3 months have you been admitted to hospital as an inpatient or for day case care? ☐ Yes ☐ No

If yes, please tell us if you can which department of the hospital you went to (speciality) and the number of days you were in hospital. If the speciality is not listed, then please write in the speciality or part of your body as best you can in the box provided.

SPECIALTY	NAME OF HOSPITAL AND WARD	NO OF DAYS IN HOSPITAL
Orthopaedics (your hip/leg)		
Orthopaedics (any other bones)		
Rehabilitation unit		
For any day case care		
For any other surgery Please specify here _____		
Please specify here _____		
Please specify here _____		

OUTPATIENT CARE

Q02 Over the last 3 months have you visited an outpatient clinic in hospital?

☐ Yes ☐ No

If yes, please write the number of visits in the last 3 months in the appropriate box below. If the type of outpatient clinic you attended is not listed then please write this in at the end of the table.

OUTPATIENT CLINIC	NO OF VISITS OVER THE PAST 3 MONTHS
Orthopaedics (about your hip/leg)	
Physiotherapy outpatient clinic (about your hip/leg)	
Physiotherapy outpatient clinic (any other reason)	
Accident & Emergency	
For any other visits Please specify here	
Please specify here	

COMMUNITY CARE

Q03 In the past 3 months, have you seen any health care professionals in the community? ☐ Yes ☐ No

If yes, please indicate the number of contacts over the past 3 months and the average duration of these contacts in minutes. If the type of support you have received is not listed then please write this in at the end of the table.

SERVICE	NO OF CONTACTS OVER PAST 3 MONTHS	AVERAGE DURATION OF CONTACT (MINUTES)
GP visits in surgery		
GP home visits		
GP telephone contacts		
Practice nurse contacts		
District nurse contacts		
Community physiotherapy contacts		
For any other contact Please specify here		
Please specify here		
Please specify here		

Q04 Over the past 3 months, have you been provided with personal social services to make your day to day life easier to manage? ☐ Yes ☐ No

If yes, in the following table please indicate the number of contacts with the service over the last 3 months and the average duration of these contacts in minutes. If the type of support you have received is not listed then please write this in at the end of the table.

SERVICE	NO OF TIMES OVER PAST 3 MONTHS	AVERAGE DURATION OF CONTACT (MINUTES)
Meals on wheels (frozen, daily)		
Meals on wheels (hot, daily)		
Laundry services		
Social worker contacts		
Care worker contacts including help at home		
Community physiotherapy contacts		
For any other service Please specify here		
Please specify here		
Please specify here		

MEDICATIONS

Q05 Have you been prescribed or bought any new medications over the past 3 months? ☐ Yes ☐ No

If yes, please note any medications (including pain relief) that you have been prescribed by a doctor or other health care professional in the past 3 months. Also please include any medication that you have bought yourself without a prescription ("over the counter").

MEDICATION & DOSAGE	NO TIMES DAILY	NO OF DAYS USED	TYPE
EXAMPLE *Ibuprofen topical gel 25ml*	*x2*	*14*	☐ Prescription ☒ Over the counter
			☐ Prescription ☐ Over the counter
			☐ Prescription ☐ Over the counter
			☐ Prescription ☐ Over the counter
			☐ Prescription ☐ Over the counter
			☐ Prescription ☐ Over the counter
			☐ Prescription ☐ Over the counter
			☐ Prescription ☐ Over the counter
			☐ Prescription ☐ Over the counter
			☐ Prescription ☐ Over the counter

AIDS AND ADAPTATIONS

Q06 Have you received or bought any aid or adaptations as a result of your health over the past 3 months? ☐ Yes ☐ No

If yes, in the following table, please indicate the number of aids or items of equipment received. If an item you have received is not listed please write this in and the quantity.

AID OR ADAPTATION	NO RECEIVED	COST (£) (if bought yourself)
Crutches		
Stick		
Walking frame		
Grab rail		
Dressing aids		
Long-handle shoe horns		
Other Please specify here		
Please specify here		
Please specify here		

ADDITIONAL INFORMATION

Q07 Please think of any additional costs over the past 3 months to you, your partner, other family members and friends that have been incurred as a result of your contact with health or social care services or your general health state. If a category of cost is not listed below please add it at the bottom of the table.

NATURE OF COST	COST TO YOU	COST TO PARTNER	COST TO RELATIVES/ FRIENDS
Lost earnings Do not record if annual or compassionate leave was taken or the time off work was made up at a later point			
Childcare			
Help with housework			
Special equipment			
Other Please specify here			
Please specify here			
Please specify here			
Please specify here			
Please specify here			
Please specify here			
Please specify here			
Please specify here			

Q08 Are you currently working (please tick)?

☐ Yes

If yes, what is your main job?

☐ No If no, is this because of (please tick):

- ☐ Your hip condition
- ☐ Other health reason
- ☐ Unable to work for other reason
- ☐ Retired

Q09 Please indicate if over the last 3 months you have received any of the benefits below. If a benefit you are receiving is not listed below please add it at the bottom of the table.

BENEFIT	BENEFIT RECEIVED OVER THE PAST 3 MONTHS	IF YES, PLEASE ESTIMATE AMOUNT RECEIVED PER WEEK (£)
Attendance Allowance	☐ Yes ☐ No	
Income Support	☐ Yes ☐ No	
Jobseeker's Allowance	☐ Yes ☐ No	
Housing Benefit	☐ Yes ☐ No	
Child tax credit	☐ Yes ☐ No	
Disability Living Allowance – mobility	☐ Yes ☐ No	
Disability Living Allowance – caring	☐ Yes ☐ No	
Pension Credit	☐ Yes ☐ No	
Council Tax Benefit	☐ Yes ☐ No	
Carer's Allowance	☐ Yes ☐ No	
Statutory Sick Pay	☐ Yes ☐ No	
Employment and Support Allowance	☐ Yes ☐ No	
Other Please specify here		
Please specify here		