

Study ID							
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Initials				
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DOB									
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A1a. Reader: Reader1 Other (Please Specify).....

A2. Date X-ray read:/...../.....

A3. Date X-ray taken:/...../.....

B1. Technical problem- film cannot be assessed accurately No Yes

B2. Severe rotation (position of greater trochanters) No Yes

B3. Severe tilt of film (Coccyx overlap >3mm with symphysis) No Yes

	(i) Right	(ii) Left
B4. Intra-articular implant (0/1)		
B5. Kellgren and Lawrence (0-4)		
B6. Superior acetabular osteophyte (0-3)		
B7. Superior femoral osteophyte (0-3)		
B8. Inferior acetabular osteophyte (0/1)		
B9. Inferior femoral osteophyte (0/1)		
B10. Acetabular sclerosis (0/1)		
B11. Acetabular cysts (0/1)		
B12. Acetabular flattening (0/1)		
B13. Femoral sclerosis (0/1)		
B14. Femoral cysts (0/1)		
B15. Femoral flattening (0/1)		
B16. Superior joint space narrowing (0-3)		
B17. Medial joint space narrowing (0-3)		
B18. Chondrocalcinosis (0/1)		
B19. Migration: None = 0; Superolateral = 1 Concentric = 2		
B20. No pattern = 0; hypertrophic = 1; atrophic = 2		
B21. Protrusio (0/1)		
B22. FAI Bump (0/1)		