

For The Institute of Advanced Orthopaedics Personnel Only:

Patient ID

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Date of Examination

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Type of Examination

L R

- | | | |
|-----------------------|-----------------------|------------------|
| <input type="radio"/> | <input type="radio"/> | Pre-operative |
| <input type="radio"/> | <input type="radio"/> | Annual follow-up |
| <input type="radio"/> | <input type="radio"/> | Phone Contact |

Section 2 – All patients should complete this section

Pain

Indicate the amount of pain you experience normally: (Select one)

- | L | R | |
|-----------------------|-----------------------|-------------------------------------------|
| <input type="radio"/> | <input type="radio"/> | No pain |
| <input type="radio"/> | <input type="radio"/> | Slight Pain |
| <input type="radio"/> | <input type="radio"/> | Mild pain – No affect on average activity |
| <input type="radio"/> | <input type="radio"/> | Moderate pain – affects activity somewhat |
| <input type="radio"/> | <input type="radio"/> | Severe pain |
| <input type="radio"/> | <input type="radio"/> | Intolerable pain |

How often do you normally have pain? (Select one)

- | L | R | |
|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | |
| <input type="radio"/> | <input type="radio"/> | |
| <input type="radio"/> | <input type="radio"/> | a sitting position. |
| <input type="radio"/> | <input type="radio"/> | more than 30 minutes. |
| <input type="radio"/> | <input type="radio"/> | Anytime I walk |

How often do you take medication for pain?

- None
- Occasional Use
- Regular Use

If you do take medication, what kind do you (Select all that apply)

- Narcotic pain pills
- Non-narcotic pain pills
- Arthritis pills
- Injections by your doctor
- Other (please explain)

Where do you feel pain? (Select all that apply.)

- | L | R | |
|-----------------------|-----------------------|---------------------------------|
| <input type="radio"/> | <input type="radio"/> | Not applicable/no pain |
| <input type="radio"/> | <input type="radio"/> | In the groin |
| <input type="radio"/> | <input type="radio"/> | In the front of the thigh |
| <input type="radio"/> | <input type="radio"/> | On the side of the hip |
| <input type="radio"/> | <input type="radio"/> | In the behind |
| <input type="radio"/> | <input type="radio"/> | In the knee |
| <input type="radio"/> | <input type="radio"/> | In the lower back |
| <input type="radio"/> | <input type="radio"/> | Running down the leg (Sciatica) |

Where do you live?

- Nursing home
- Retirement community
- Home with spouse or family
- Live a

Could you use public transportation, such as a bus or subway, if you wanted to use it?

- Yes
- No

Function/Level of Activity

Overall, How much of your problems with your health now are due to your hip?

- Not a problem for me
- Due entirely to other causes
- More other causes than hip
- Equally hip and other causes
- More hip than other causes
- Due entirely to the hip

Please indicate each hip's level of function at this time.

- | L | R | |
|-----------------------|-----------------------|----------------------|
| <input type="radio"/> | <input type="radio"/> | No limitations |
| <input type="radio"/> | <input type="radio"/> | Some limitations |
| <input type="radio"/> | <input type="radio"/> | Moderate limitations |
| <input type="radio"/> | <input type="radio"/> | Severe limitations |
| <input type="radio"/> | <input type="radio"/> | No function at all |

How would you describe your current work status? (Select one)

- Working full time
- Full time homemaker
- Working part time
- Volunteer full time
- Volunteer part time
- Laid off/unemployed
- Retired
- Other

What types of activities are you currently capable of doing? (Select all that apply.)

- I am a heavy laborer
- I can run
- I can play tennis
- I can swim
- I have a desk job
- I can play golf
- I can go shopping
- I can paint/do house chores
- I can do laundry
- I can run a vacuum & dust
- I need help dressing/bathing
- I am wheelchair confined
- I am bedridden

How difficult is it for you to put on your shoes and socks?

- | L | R | |
|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | Not difficult; easy |
| <input type="radio"/> | <input type="radio"/> | Slightly difficult |
| <input type="radio"/> | <input type="radio"/> | Very difficult |
| <input type="radio"/> | <input type="radio"/> | Cannot do it yourself |

How long can you walk without support?

- More than 60 minutes
- 31-60 minutes
- 11-30 minutes
- 2-10 minutes
- Less than two minutes
- Cannot walk without support

How long can you sit comfortably?

- An hour or more
- Less than an hour
- Not at all

How far can you walk without stopping because of hip pain?

- Unlimited distances
- Three to six blocks
- Two or three blocks
- Indoors only
- Confined to wheelchair

Do you need support when walking?

- No cane, no limp
- No cane, occasional limp
- Use one cane on long walks
- Use one cane most always
- Use one crutch
- Use two canes
- Use two crutches
- Use a walker
- Unable to walk

How do you go up stairs?

- Normal (no use of railing)
- Normal, (must use railing)
- Two feet on each step
- Any other method
- Unable to go up steps

Section 3 – Only patients who have already had their hips replaced should fill out this section. (If not applicable leave blank.)

	L	R
Has your new hip increased your function and daily activity?		
Yes	<input type="radio"/>	<input type="radio"/>
No	<input type="radio"/>	<input type="radio"/>
Has your new hip increased your ability to enjoy recreational activities?		
Yes	<input type="radio"/>	<input type="radio"/>
No	<input type="radio"/>	<input type="radio"/>
Has your new hip decreased your hip pain?		
Yes	<input type="radio"/>	<input type="radio"/>
No	<input type="radio"/>	<input type="radio"/>
Has your new hip decreased the need for pain medication for your hip?		
Yes	<input type="radio"/>	<input type="radio"/>
No	<input type="radio"/>	<input type="radio"/>
Are you satisfied with the results of your hip operation?		
Yes	<input type="radio"/>	<input type="radio"/>
No	<input type="radio"/>	<input type="radio"/>
What is your current occupational status?		
<input type="radio"/> I have changed jobs. Now I walk and stand and sit more than I did before.		
<input type="radio"/> I work at the same job as I did before surgery.		
<input type="radio"/> I have changed jobs so I don't have to walk or stand or lift as much.		
<input type="radio"/> I am retired.		
<input type="radio"/> I am unemployed.		
<input type="radio"/> I am disabled		

Physician Signature: _____ **Date:** _____