

Date: _____

Name: _____

Last First MI

Gender: Female Male

Height: ___ feet ___ inches

Weight: _____ pounds

Occupation: _____

Type of Labor:

Heavy Moderate Light

Painful Side: Left Right

Your response to the questions below is important to help us improve our ability to offer you high quality care.

1. On a scale of 0 to 10 with 0 meaning “no pain” and 10 meaning “extreme pain,” please describe how your hip usually feels. (Circle One)

No Pain Severe Pain
0 1 2 3 4 5 6 7 8 9 10

2. Which of the following categories would best describe your hip pain?

- None
- Mild – I have slight/occasional pain that has not caused me to alter how I am or how much I work.
- Moderate – I am active but I’ve had to modify or give up some of my activities because of pain.
- Severe – I have major pain and serious limitations.

3. If you have pain, how often?

- Never.
- Only occasionally or intermittently.
- Only when I first get up from a sitting or standing position.
- Only with walking with more than 30 minutes.
- Anytime I walk.
- At all times.

4. If you have pain in your hip, where do you feel it? (You may choose more than one answer).

- In the groin.
- In the front of the thigh.
- On the side of my hip.
- In the buttock.
- Not applicable/No pain.

5. Which is your current activity level?

- I am bedridden or confined to a wheelchair.
- I am sedentary with minimal capacity for walking or other activity.
- I perform light labor, such as house cleaning, yard work, assembly line work, or light sports.
- I perform moderate manual labor, such as lifting heavy weight, participating in moderate sports like walking and bicycling.
- I participate in heavy manual labor. I frequently lift heavy weight and participate in vigorous sports, such as tennis and racquetball.

6. Do you need assistance in getting out of bed?

- I can get out of bed on my own.
- I need the assistance of another person.

7. What is your current work capacity?

- 100% of normal
- 75% of normal
- 50% of normal
- 25% of normal
- 0% of normal

8. How do you put on your shoes and socks?

- With no difficulty.
- With slight difficulty.
- With extreme difficulty.
- I am unable to do it without assistance.

9. How do you go up and down the stairs?

- Normally (one foot on each step).
- Normally, but I require the use of the rail.
- I take them one step at a time (two feet on each step).I can go up the stairs with difficulty using some other method.
- I am unable to go up and down the stairs.

10. How do you stand up from a sitting position?

- I can arise from a chair without using my arms.
- I have to use my arms to help me get out of my chair.
- I cannot get up from a chair without assistance from another person.

11. What do you use for support when walking?

- I walk without any support.
- I use one cane when I go on a long walk.
- I use one cane most of the time.
- I use one crutch.
- I use two canes.
- I use two crutches.
- I use a walker.
- I am unable to walk.

12. How long can you walk without support? (i.e., a cane, or crutches, etc.)

- I can walk an unlimited amount of time, more than 60 minutes, without support.
- I can only walk 31-60 minutes without support.
- I can only walk 11-30 minutes without support.
- I can only walk 2-10 minutes without support.
- I can only walk less than 2 minutes without support.
- I am unable to walk without support.

13. How long can you walk with support?

- Unlimited, greater than 60 minutes.
- 31-60 minutes.
- 11-30 minutes.
- 2-10 minutes.
- Less than 2 minutes.
- I am unable to walk.
- Not applicable/I walk without support.

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

- I can walk unlimited distances.
- I can walk only 6 blocks.
- I can walk only 2-3 blocks.
- I can walk only indoors.
- I am confined to a wheelchair or a bed.

15. How long can you sit in a chair?

- I am comfortable sitting in any chair one hour or longer.
- I am only comfortable sitting in a high chair for 30 minutes or less.
- I am unable to sit comfortably in any chair.

16. How do you get in and out of a car?

- It is easy.
- It is difficult.
- I am unable to get in and out of a car.

17. Could you utilize public transportation?

- Yes
- No

18. Does this hip interfere with sleeping?

- Yes
- No

19. Does this hip interfere with sexual activity?

- Yes
- No

20. What medication are you currently taking for your hip?

- None.
- Anti-inflammatory medicine, such as aspirin, Advil, Ibuprofen.
- Steroid medication.
- Narcotic medication.
- Other medication.

21. Do you often have pain in any joints besides your painful hip?

- None.
- Low Back Pain.
- Painful Side:
 - Knee
 - Shoulder
 - Ankle/Foot
- Other Side
 - Knee
 - Shoulder
 - Ankle/Foot
 - Hip