## PATIENT HIP ASSESSMENT QUESTIONNAIRE

Patient Name						Date	<u></u>				
Physician:											
1. Have you had pa	ain recently (wi	thin last 3 mo	nths) on the a	ffecto	ed hip $\hat{i}$	?					
<u>Right Side</u> YES NO	Please rate t	e indicate locate he severity of <b>4 5 6 7</b> filld $\square$ Moder	the pain: <b>8 9 10</b>	[ (	Please	indic <b>2 3</b>	ate fred	quen <b>6</b>	ісу о <b>7</b>	f the <b>8</b>	e pain:
<u>Left Side</u> YES NO	Please rate t	e indicate locathe severity of  4 5 6 7  Iild   Moder	the pain: <b>8 9 10</b>	F	Please	indic <b>2 3</b>	ate fred 4 5	quen <b>6</b>	ісу о <b>7</b>	f the <b>8</b>	e pain:
·	eed to take me	•			⊐Yes anv tim	ies pe	□No er day?	)			
Codeine Demerol	Percocet Aleve	Advil Aspirin	0	1	2 3	4	<b>5 6</b> need to	<b>7</b>	<b>8</b> e me		<b>10</b> ation?
Dilaudid Tramadol	Tylenol #3 Morphine	Vicodin Other					<b>5 6</b> ekly		<b>8</b> aily	9	10
2. How far can you		<b>2 3 4</b> use Bound	<b>5 6 7</b> 8 □ Blocks □ N								
<ol> <li>How much assis</li> <li>□ Can't Walk</li> </ol>	tance do you re □ Walker	equire?	□ Crutch	Ε	⊐ Cane		□ No	one			
4. Do you limp bed	ause of your <u>af</u>	fected hip?	□ Yes	Г	⊐ No						
5. How much diffice <b>0 1 2</b> □Unable □Son	3 4	5 6	7 8	3	9	10		•	þ		

6.	How	much	difficul	ty do yo	ou have p	utting y	our s	hoes and	d socks	on b	pecause of y	our <u>right</u> hip?	
	0	1	2	3	4	5	6	7	8	9	10		
	NON	E			N	10DERA	ATE				UNABLE	<u> </u>	
7.	How	much (	difficul	ty do yo	ou have p	utting y	your s	hoes and	d socks	s on l	pecause of y	our <u>left</u> hip?	
	0	1	2	3	4	5	6	7	8	9	10		
	NON	E			N	10DERA	ATE				UNABLE	-	
8.	beca		your <u>a</u> t	ffected	hip?	/our pe □ Some			tivities □ Par			essing, eating, t	toilet)
9.											ffected hip	·	
		Not at	all			Slightly	У		□ Mod	derat	ely i	□ Greatly	
10.	Are	you ab	le to us	se publi	c transpo	rtation	?	□Yes		□No	)		
11.	Pleas	se indic	ate if y	ou are	active in a	any of t	the fol	llowing a	ctivitie	es an	d how ofte	n you participa	te in them:
	AC	TIVITY			NEVER	OCC	ASION	IALLY	DAIL	Υ.	WEEKLY	MONTHLY	YEARLY
	Wa	lking											

ACTIVITY	NEVER	OCCASIONALLY	DAILY	WEEKLY	MONTHLY	YEARLY
Walking						
Running						
Swimming						
Cycling						
Gym						
Tennis(singles)						
Tennis(doubles)						
Golf						