AORI Clinical Patient Survey Form HIP

Thank you for visiting the Anderson Clinic.

We are carefully evaluating the condition of your hip before and after surgery. Your responses to the following questions will help us gather important information that will improve our ability to offer high-quality patient care.

For all questions, select the ***one*** best answer unless otherwise indicated. If you have already had hip replacement surgery, please complete all three sections of the questionnaire. If you have not, just complete sections 1 and 2.

SECTION 1- ALL PATIENTS SHOULD COMPLETE THIS SECTION

Patient: _____

Address: _____
_____
_____

Phone (Home): _____ Phone (Work): _____

Date of Birth: _____ Social Security Number: _____

Sex: M F Weight:_____ Height:_____

For Anderson Clinic Personnel Only

MD: «ApptProviderName»

Patient ID: «AccountNumber»

Date of Examination: «ApptDate»

Type of Examination:

L	**R**	
☐	☐	Pre Operative
☐	☐	Annual Follow-up
☐	☐	Phone Contact

SECTION 2 - ALL PATIENTS SHOULD COMPLETE THIS SECTION

PAIN

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

L R
☐ ☐ No pain
☐ ☐ Slight pain
☐ ☐ Mild pain - No affect on average activity
☐ ☐ Moderate pain - affects activity somewhat
☐ ☐ Severe pain
☐ ☐ Intolerable pain

How often do you take medication for the pain?

☐ None
☐ Occasional
☐ Regular Use

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

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

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

L R
☐ ☐ Never
☐ ☐ Occasionally or intermittently
☐ ☐ When I first get up from a sitting position
☐ ☐ Only after walking more than 30 minutes
☐ ☐ Anytime I walk
☐ ☐ At all times

Where do you feel pain? (select all that apply)

L R
☐ ☐ Not applicable / no pain
☐ ☐ In the groin
☐ ☐ In the front of the thigh
☐ ☐ On the side of the hip
☐ ☐ In the behind
☐ ☐ In the knee
☐ ☐ In the lower back
☐ ☐ Running down the leg (sciatica)

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

Where do you live?

☐ Nursing Home
☐ Retirement community
☐ Home with spouse or family
☐ Live alone

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

☐ Yes
☐ No

FUNCTION / LEVEL OF ACTIVITY

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

L R
☐ ☐ No limitations
☐ ☐ Some limitations
☐ ☐ Moderate limitations
☐ ☐ Severe limitations
☐ ☐ No function at all

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 sweeper & dust
☐ I need help dressing / bathing
☐ I am wheelchair confined
☐ I am bedridden

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

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 would you describe your current work status?

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

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

L R
☐ ☐ Not difficult; easy
☐ ☐ Slightly difficult
☐ ☐ Very difficult
☐ ☐ Cannot do it yourself

How long can you sit comfortably?

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

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 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