22462

HIP DOCUMENT
(Front Sheet)

Todays Date

__ / __ / ____

PATIENT LABEL

☐ Male ☐ Female

Do you smoke? ☐ Yes ☐ No

Weight (in kgs)

Height (in cms)

Date of Birth

__ / __ / ____

First Name

Surname

Address

Home Telephone Number

Mobile Telephone Number

Email Address

Which Hip

☐ Left ☐ Right ☐ Both

For Official Use

Surgeon

Diagnosis

Surgery planned

22462

HIP QUESTIONNAIRE

First Name

Surname

Todays Date __ / __ / ____

Date of Birth __ / __ / ____

Have you had any previous hip surgery? ☐ **Yes** ☐ **No** (If yes please tick what surgery from list below)

☐ Arthroscopy ☐ Hip resurfacing ☐ Osteochondroplasty ☐ POA ☐ Other

Do you have other joint problems? ☐ Yes ☐ No (If yes please tick which joints below)

	No pain		Some pain			Agony
☐ Other hip	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
☐ Knees	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
☐ Shoulders	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
☐ Back	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
☐ Other	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

Have you had any of the following?

☐ Heart Disease ☐ Diabetes ☐ Stroke ☐ Other (Please state)

How many years ago did you start having hip problems?

☐ >10 years ☐ 5-10 years ☐ 2-5 years ☐ 1-2 years ☐ <1 year

STIFFNESS

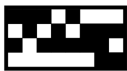
	1-Never	2-Rarely	3-Sometimes	4-Often	5-Always
How often is your hip stiff?	☐	☐	☐	☐	☐
Does your hip catch when moving it?	☐	☐	☐	☐	☐
Does your hip click or grind when moving it?	☐	☐	☐	☐	☐

	1-Always	2-Often	3-Sometimes	4-Rarely	5-Never
Can you fully straighten your hip?	☐	☐	☐	☐	☐
Can you bend your hip fully?	☐	☐	☐	☐	☐

How severe is your stiffness:	1 - None	2 - Mild	3 - Moderate	4 Very bad	5 - Severe
First thing in the morning	☐	☐	☐	☐	☐
Later on in the day after sitting or resting?	☐	☐	☐	☐	☐

PAIN

How often do you:	1 - Never	2 - 1/2x a month	3 - Sometimes	4 -Mostly	5 - Always
Experience hip pain?	☐	☐	☐	☐	☐
Have sudden shooting pain or spasms?	☐	☐	☐	☐	☐
Get hip pain at night?	☐	☐	☐	☐	☐



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PAIN (Continued)

Do you take pain medication for your hip?	1 - Never	2 - Monthly	3 - Weekly	4 - Daily	5 -> x1 daily
	☐	☐	☐	☐	☐

How much pain do you have:	1 - None	2 - Mild	3 - Moderate	4 Very bad	5-Severe
Generally in your hip?	☐	☐	☐	☐	☐
At night?	☐	☐	☐	☐	☐
Sitting?	☐	☐	☐	☐	☐
Lying down?	☐	☐	☐	☐	☐
Walking?	☐	☐	☐	☐	☐
Standing?	☐	☐	☐	☐	☐
Changing direction?	☐	☐	☐	☐	☐
Going up and down stairs?	☐	☐	☐	☐	☐
Bending your hip fully?	☐	☐	☐	☐	☐
Straightening your hip fully?	☐	☐	☐	☐	☐

MOBILITY

How far can you walk before you feel you want to stop?

> 1 Hour 3 miles +	30-60 mins 2-3 miles	15-30 mins 1-2 miles	5-15 mins <1 mile	In the house only
☐	☐	☐	☐	☐

Do you need an aid to help you walk?

☐ Never ☐ On Long walks/rough ground ☐ Walking Outside ☐ Most of the time ☐ Always

If "yes" what aid do you use to walk?

☐ None ☐ 1 Stick ☐ Elbow crutches ☐ Frame ☐ Wheelchair bound/Unable to walk

Do you limp when walking?

☐ Never (rarely) ☐ Sometimes (or just at first) ☐ Often ☐ Most of the time ☐ All of the time

Do you feel that your hip might suddenly give way or let you down?

☐ Never (rarely) ☐ Sometimes ☐ Often ☐ Most of the time ☐ Always

Can you run for a bus? ☐ Yes ☐ No

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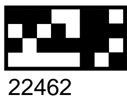
ACTIVITIES OF DAILY LIVING: **How limited are you by your hip doing the following daily activities?**

	Never do it	1-Not limited	2-Limited a little	3-Limited Somewhat	4-Limited a lot	5-Extremely Limited
Walking on flat ground	☐	☐	☐	☐	☐	☐
Walking on rough ground	☐	☐	☐	☐	☐	☐
Walking uphill	☐	☐	☐	☐	☐	☐
Walking downhill	☐	☐	☐	☐	☐	☐
Going upstairs	☐	☐	☐	☐	☐	☐
Going downstairs	☐	☐	☐	☐	☐	☐
Lying in bed	☐	☐	☐	☐	☐	☐
Sitting for a long time	☐	☐	☐	☐	☐	☐
Standing (>15 minutes)	☐	☐	☐	☐	☐	☐
Getting out of a low chair	☐	☐	☐	☐	☐	☐
Pick something up off the floor	☐	☐	☐	☐	☐	☐
Getting into the bath	☐	☐	☐	☐	☐	☐
Getting out of the bath	☐	☐	☐	☐	☐	☐
Getting on/off the toilet	☐	☐	☐	☐	☐	☐
Getting out of bed	☐	☐	☐	☐	☐	☐
Getting into a car	☐	☐	☐	☐	☐	☐
Getting out of a car	☐	☐	☐	☐	☐	☐
Getting on/off a bus or public transport	☐	☐	☐	☐	☐	☐
Working or socialising	☐	☐	☐	☐	☐	☐
Kneeling down and getting up again	☐	☐	☐	☐	☐	☐
Heavy domestic duties	☐	☐	☐	☐	☐	☐
Light domestic duties	☐	☐	☐	☐	☐	☐
Washing and drying yourself all over	☐	☐	☐	☐	☐	☐
Putting on your shoes and socks	☐	☐	☐	☐	☐	☐
Taking off your shoes and socks	☐	☐	☐	☐	☐	☐
Clipping your toenails without assistance	☐	☐	☐	☐	☐	☐
Going shopping	☐	☐	☐	☐	☐	☐
Squatting down	☐	☐	☐	☐	☐	☐
Twisting/pivoting	☐	☐	☐	☐	☐	☐
Jumping	☐	☐	☐	☐	☐	☐



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GENERAL HEALTH

Would you say your health is: ☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor

Compared to 1 year ago how would you rate your health in general now?
☐ Much better ☐ Somewhat better ☐ About the same ☐ Somewhat worse ☐ Much worse

During the past 4 weeks have you had any of the following problems with work or other regular daily activities as a result of your physical health?

Cut down the amount of time you spent on work or other activities?	☐ Yes	☐ No
Accomplished less than you would have liked?	☐ Yes	☐ No
Were limited in the kind of work or activities you could do?	☐ Yes	☐ No
Took more effort to do your work or other activities?	☐ Yes	☐ No

During the past 4 weeks have you felt anxious or depressed? ☐ Yes ☐ No **If "yes" have you:** :

Cut down the amount of time you spent on work or other activities?	☐ Yes	☐ No
Accomplished less than you would have liked?	☐ Yes	☐ No
Not done your work or other activities as carefully as usual?	☐ Yes	☐ No

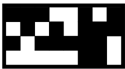
During the past 4 weeks to what extent has your physical health or emotional problesms interfered with your normal social activities with friends and neighbours or groups?
☐ Not at all ☐ Slightly ☐ Moderately ☐ Severely ☐ Extremely

How much bodily pain have you had during the past 4 weeks?
☐ None ☐ A little ☐ Moderate amount ☐ Quite a bit ☐ A lot

During the past 4 weeks how much did pain interefere with your normal work (including housework and daily chores?
☐ Not at all ☐ Slightly ☐ Moderately ☐ Severely ☐ Extremely

During the past 4 weeks how much of the time have you have you felt :

Full of energy?	☐ All	☐ Most	☐ A good bit	☐ Some	☐ A little bit	☐ None
Nervous?	☐ All	☐ Most	☐ A good bit	☐ Some	☐ A little bit	☐ None
So down that nothing could cheer you up?	☐ All	☐ Most	☐ A good bit	☐ Some	☐ A little bit	☐ None
Relaxed and content?	☐ All	☐ Most	☐ A good bit	☐ Some	☐ A little bit	☐ None
Worn out?	☐ All	☐ Most	☐ A good bit	☐ Some	☐ A little bit	☐ None
Been happy?	☐ All	☐ Most	☐ A good bit	☐ Some	☐ A little bit	☐ None
Abnormally tired?	☐ All	☐ Most	☐ A good bit	☐ Some	☐ A little bit	☐ None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GENERAL HEALTH (Continued)

During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (eg visiting friends)?

☐ All ☐ Most ☐ Some ☐ A little bit ☐ None of the time

How true or false are each of the following statements for you?

"I seem to get sick a little easier than other people"

☐ Definitely true ☐ Mostly true ☐ Don't know ☐ Mostly false ☐ Definitely false

"I am as healthy as anybody I know"

☐ Definitely true ☐ Mostly true ☐ Don't know ☐ Mostly false ☐ Definitely false

"I expect my health to get worse"

☐ Definitely true ☐ Mostly true ☐ Don't know ☐ Mostly false ☐ Definitely false

"My health is excellent"

☐ Definitely true ☐ Mostly true ☐ Don't know ☐ Mostly false ☐ Definitely false

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SPORT, LEISURE AND LIFESTYLE

Which activities and sports matter most to you?
Please write your answers in the boxes below labelled '**ACTIVITY'**.
You can write any activity of your choice. We have listed some suggestions below:

Home related activites	***Mild activites***	***Moderate Actvities***	***Active Events***	***Impact Activities***
Kneeling	*Walking*	*Sexual activity*	*Bowls*	*Running*
Squatting	*Light shopping/ housework*	*Swimming*	*Golf*	*Racket sports*
Sedentary pastimes eg reading, TV	*DIY*	*Heavy shopping/housework*	*Cycling*	*Skiing*
Moving Sideways	*Twisting*		*Field sports*	*Horse riding*
	Driving		*Gardening*	*Cricket*
			Dancing	*Football/Rugby*

ACTIVITY

[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Importance to you ?
Not Somewhat Very
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

How often do you do this activity now?
Can't do Rarely Sometimes >2x/wk twice/week
☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

How much does your knee bother you during this activity now?
Does not A little A lot Bothers alot
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

How often do you want to do this activity?
Rarely Sometimes >2x/wk twice/week
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

ACTIVITY

[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Importance to you ?
Not Somewhat Very
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

How often do you do this activity?
Can't do Rarely Sometimes >2x/wk twice/week
☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

How much does your knee bother you during this activity?
Does not A little A lot Bothers alot
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

How often do you want to do this activity?
Rarely Sometimes >2x/wk twice/week
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

ACTIVITY

[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Importance to you ?
Not Somewhat Very
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

How often do you do this activity?
Can't do Rarely Sometimes >2x/wk twice/week
☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

How much does your knee bother you during this activity?
Does not A little A lot Bothers alot
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

How often do you want to do this activity?
Rarely Sometimes >2x/wk twice/week
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

ACTIVITY

[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Importance to you ?
Not Somewhat Very
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

How often do you do this activity?
Can't do Rarely Sometimes >2x/wk twice/week
☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

How much does your knee bother you during this activity?
Does not A litle A lot Bothers alot
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

How often do you want to do this activity?
Rarely Sometimes >2x/wk twice/week
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

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ADDITONAL POST OPERATIVE ONLY INFORMATION

Todays Date

☐☐ / ☐☐ / ☐☐☐☐

PATIENT LABEL

Date of hip surgery

☐☐ / ☐☐ / ☐☐☐☐

Surgeon

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Surgery performed

☐ Total Hip Replacement ☐ Hip Resurfacing ☐ Revision of joint surgery

Does your hip replacement keep you from doing anything that you would like to do?

☐ Yes ☐ No

Are you as active now as you expected to be?

☐ Yes ☐ No

Are you more or less active now than before your hip surgery?

☐ More ☐ Less ☐ About the Same

Does your hip feel normal to you?

☐ Yes ☐ No

How satisfied are you with your hip surgery?

☐ 1 Very dissatisfied ☐ 2 Dissatisfied ☐ 3 Somewhat satisfied ☐ 4 Satisfied ☐ 5 Very satisfied