HOSPITAL FOR SPECIAL SURGERY

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FOLLOW-UP Patient Questionnaire - HIP PATIENT

Name:	DOB:	Date:
Height:	Weight:	Age:

Which HIP received treatment?

Laterality	◯ Left	◯ Right	◯ Both

What treatment/surgery did you receive? _____ **When?**_____

Current Pain Level (no pain 0 – 10 highest)

While Walking

◯ 0	◯ 1	◯ 2	◯ 3	◯ 4	◯ 5	◯ 6	◯ 7	◯ 8	◯ 9	◯ 10

While negotiating stairs

◯ 0	◯ 1	◯ 2	◯ 3	◯ 4	◯ 5	◯ 6	◯ 7	◯ 8	◯ 9	◯ 10

At rest (sitting, lying down, sleeping)

◯ 0	◯ 1	◯ 2	◯ 3	◯ 4	◯ 5	◯ 6	◯ 7	◯ 8	◯ 9	◯ 10

Functional Assessment

Do you have a limp?

◯ No	◯ Slight	◯ Moderate	◯ Severe

What type of support do you use for walking?

◯ None	◯ Cane (long walks)	◯ Cane (full time)	◯ Crutch(es)	◯ Walker

What distance are you able to walk?

◯ Unlimited	◯ 6 blocks	◯ 2-3 blocks	◯ < 1 block	◯ Bed to chair

How do you climb stairs?

◯ Normally	◯ With banister	◯ With assistance of a person	◯ Unable

To what extent are you able to put on shoes and socks?

◯ Easy	◯ Difficult	◯ Unable

Describe the extent to which you are able to sit:

◯ Any chair, 1 hour	◯ High chair, 30 minutes	◯ Unable

Are you able to use public transportation?

◯ Yes	◯ No

Do you find this situation to be:

◯ Acceptable	◯ Unacceptable

SATISFACTION SURVEY

The next set of questions asks about your satisfaction with your HIP surgery/treatment.

1) How satisfied are you with the results of your HIP treatment in the following areas? (Please select one answer for each question). If you had both HIPS treated, answer how you are overall.

	Very Satisfied	Somewhat Satisfied	Neither Satisfied Nor Dissatisfied	Somewhat Dissatisfied	Very dissatisfied
a. For relieving pain	◯	◯	◯	◯	◯
b. For improving your ability to do housework or yard work?	◯	◯	◯	◯	◯
c. For improving your ability to do recreational activities?	◯	◯	◯	◯	◯
d. Overall, how satisfied are you with the results of your hip surgery?	◯	◯	◯	◯	◯

2) How much did your hip surgery improve the quality of your life?

More improvement than I ever dreamed possible	Great Improvement	Moderate Improvement	A Little Improvement	No Improvement	The quality of my life is worse
◯	◯	◯	◯	◯	◯

HOOS, JR. HIP SURVEY

Instructions: This survey asks for you view about your hip. This information will help us keep track of how you feel about your hip and how well you are able to do your usual activities.
Answer every question by ticking the appropriate box, only one box for each question. If you are unsure about how to answer a question, please give the best answer you can.

Which Hip:	◯ Left	◯ Right	◯ Both

Pain: What amount of hip pain have you experienced the last week during the following activities?

1. Going up or down stairs:

◯ None	◯ Mild	◯ Moderate	◯ Severe	◯ Extreme

2. Walking on an uneven surface:

◯ None	◯ Mild	◯ Moderate	◯ Severe	◯ Extreme

Function, daily living: The following questions concern your physical function. By this we mean your ability to move around and to look after yourself. For each of the following activities, please indicate the degree of difficulty you have experience in the last week due to your hip.

3. Rising from sitting:

◯ None	◯ Mild	◯ Moderate	◯ Severe	◯ Extreme

4. Bending to floor/pick up an object:

◯ None	◯ Mild	◯ Moderate	◯ Severe	◯ Extreme

5. Lying in bed (turning over, maintaining hip position):

◯ None	◯ Mild	◯ Moderate	◯ Severe	◯ Extreme

6. Sitting:

◯ None	◯ Mild	◯ Moderate	◯ Severe	◯ Extreme

VR-12 Health Survey

Instructions: This questionnaire asks for your views about your health. Answer every question by marking the answer as indicated. If you are unsure how to answer a question, please give the best answer you can.

1. In general, would you say your health is:

◯ Excellent	◯ Very Good	◯ Good	◯ Fair	◯ Poor

2. Does your health now limit:

   a. Moderate activities such as moving a table, pushing a vacuum, bowling or playing golf?

◯ Yes, limited a lot	◯ Yes, limited a little	◯ No, not limited at all

   b. Climbing several flights of stairs?

◯ Yes, limited a lot	◯ Yes, limited a little	◯ No, not limited at all

3. During the past 4 weeks, has your physical health resulted in:

   a. Accomplishing less than you would like?

◯ None of the time	◯ A little of the time	◯ Some of the time	◯ Most of the time	◯ All of the time

   b. Being limited in the **kind** of work or other activities you have attempted?

◯ None of the time	◯ A little of the time	◯ Some of the time	◯ Most of the time	◯ All of the time

4. During the past 4 weeks, **as a result of any emotional problems** (such as feeling depressed or anxious):

   a. Have you **accomplished less** than you would like?

◯ None of the time	◯ A little of the time	◯ Some of the time	◯ Most of the time	◯ All of the time

   b. Have you not completed work or other activities as **carefully** as usual?

◯ None of the time	◯ A little of the time	◯ Some of the time	◯ Most of the time	◯ All of the time

5. During the past 4 weeks, how much did **pain** interfere with your normal work (including both work outside the home and house work)?

◯ Not at all	◯ A little bit	◯ Moderately	◯ Quite a bit	◯ Extremely

6. During the past 4 weeks, have you felt calm and peaceful?

◯ All of the time	◯ Most of the time	◯ Good bit of the time	◯ Some of the time	◯ Little of the time	◯ None of the time

7. During the past 4 weeks, did you have a lot of energy?

◯ All of the time	◯ Most of the time	◯ Good bit of the time	◯ Some of the time	◯ Little of the time	◯ None of the time

8. During the past 4 weeks, have you felt downhearted and blue?

◯ All of the time	◯ Most of the time	◯ Good bit of the time	◯ Some of the time	◯ Little of the time	◯ None of the time

9. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (such as visiting friends, relatives, etc…)?

◯ None of the time	◯ A little of the time	◯ Some of the time	◯ Most of the time	◯ All of the time

10. Compared to 1 year ago, how would you rate your **physical health** in general now?

◯ Much better	◯ Slightly better	◯ About the same	◯ Slightly worse	◯ Much worse

11. Compared to 1 year ago, how would you rate your **emotional problems now** (such as feeling anxious, depressed or irritable)?

◯ Much better	◯ Slightly better	◯ About the same	◯ Slightly worse	◯ Much worse

CURRENT ACTIVITY SURVEY (LEAS)

*Please read through each description given below, pick only **ONE** description that best describes your **CURRENT** regular daily activities and put a check in that box.*

CHECK ONLY ONE (1) BOX ON THIS PAGE

☐ a. I am confined to bed all day.

☐ b. I am confined to bed most of the day except for minimal transfer activities (going to the bathroom, etc)

☐ c. I am either in bed or sitting in a chair most of the day.

☐ d. I sit most of the day, except for minimal transfer activities, no walking or standing.

☐ e. I sit most of the day, but I stand occasionally and walk a minimal amount in my house.

(I may rarely leave the house for an appointment and may require the use of a wheelchair or scooter for transportation.)

☐ f. I walk around my house to a moderate degree but I don't leave the house on a regular basis. I may leave the house occasionally for an appointment.

☐ g. I walk around my house and go outside at will, walking one or two blocks at a time.

☐ h. I walk around my house, go outside at will and walk several blocks at a time without any assistance (weather permitting).

☐ i. I am up and about at will in my house and can go out and walk as much as I would like with no restrictions (weather permitting).

j. I am up and about at will in my house and outside. I also work outside the house in a:

- ☐ minimally
- ☐ moderately
- ☐ extremely active job

k. I am up and about at will in my house and outside. I also participate in relaxed physical activity such as jogging, dancing, cycling, swimming:

- ☐ occasionally (2-3 times per month)
- ☐ 2-3 times per week
- ☐ daily

l. I am up and about at will in my house and outside. I also participate in vigorous physical activity such as competitive level sports

- ☐ occasionally (2-3 times per month)
- ☐ 2-3 times per week
- ☐ daily