

Pre-Op Patient Questionnaire – Ortho specific questions - Hip

I am completing this survey in regards to my:

☐ Left hip

☐ Right hip

Name _____
Date of birth _____

I am completing this form on behalf of:

☐ Self

☐ Other, please indicate your relationship _____

HOOS, JR. HIP SURVEY

Hip dysfunction and Osteoarthritis Outcome Score for Joint Replacement (HOOS, JR.), English version 1.0 ©2015 Hospital for Special Surgery

INSTRUCTIONS: This survey asks for your 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 checking 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.

Pain

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

1. Going up or down stairs

☐ 0 = None ☐ 1 = Mild ☐ 2 = Moderate ☐ 3 = Severe ☐ 4 = Extreme

2. Walking on an uneven surface

☐ 0 = None ☐ 1 = Mild ☐ 2 = Moderate ☐ 3 = Severe ☐ 4 = 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 experienced in the last week due to your hip.

3. Rising from sitting

☐ 0= None ☐ 1= Mild ☐ 2= Moderate ☐ 3= Severe ☐ 4= Extreme

4. Bending to floor/pick up an object

☐ 0= None ☐ 1= Mild ☐ 2= Moderate ☐ 3= Severe ☐ 4= Extreme

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

☐ 0= None ☐ 1= Mild ☐ 2= Moderate ☐ 3= Severe ☐ 4= Extreme

6. Sitting

☐ 0= None ☐ 1= Mild ☐ 2= Moderate ☐ 3= Severe ☐ 4= Extreme

What amount of pain have you experienced in the last week in your other hip?

☐ 0= None ☐ 1= Mild ☐ 2= Moderate ☐ 3= Severe ☐ 4= Extreme

OSWESTRY LOW BACK PAIN QUESTIONNAIRE

Sources: Fairbank JCT & Pynsent, PB (2000) The Oswestry Disability Index. Spine, 25(22):2940-2953.

Instructions

This questionnaire has been designed to give us information as to how your back or leg pain is affecting your ability to manage in everyday life. Please answer by checking ONE box in each section for the statement which best applies to you. We realize you may consider that two or more statements in any one section apply but please just shade out the spot that indicates the statement which most clearly describes your problem.

Section 1 – Pain intensity

- ☐ 0= I have no pain at the moment
- ☐ 1= The pain is very mild at the moment
- ☐ 2= The pain is moderate at the moment
- ☐ 3= The pain is fairly severe at the moment
- ☐ 4= The pain is very severe at the moment
- ☐ 5= The pain is the worst imaginable at the moment

Section 2 – Personal care

(washing, dressing, etc)

- ☐ 0= I can look after myself normally without causing extra pain
- ☐ 1= I can look after myself normally but it causes extra pain
- ☐ 2= It is painful to look after myself and I am slow and careful
- ☐ 3= I need some help but manage most of my personal care
- ☐ 4= I need help every day in most aspects of self-care
- ☐ 5= I do not get dressed, I wash with difficulty and stay in bed

Section 3 – Lifting

- ☐ 0= I can lift heavy weights without extra pain
- ☐ 1= I can lift heavy weights but it gives extra pain
- ☐ 2= Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently placed, eg, on a table
- ☐ 3= Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned
- ☐ 4= I can lift very light weights
- ☐ 5= I cannot lift or carry anything at all

Section 4 – Walking

- ☐ 0= Pain does not prevent me from walking any distance
- ☐ 1= Pain prevents me from walking more than 1 mile
- ☐ 2= Pain prevents me from walking more than ½ mile
- ☐ 3= Pain prevents me from walking more than 100 yards
- ☐ 4= I can only walk using a stick or crutches
- ☐ 5= I am in bed most of the time

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Section 5 – Sitting

- ☐ 0= I can sit in any chair as long as I like
- ☐ 1= I can only sit in my favorite chair as long as I like
- ☐ 2= Pain prevents me from sitting more than one hour
- ☐ 3= Pain prevents me from sitting more than 30 minutes
- ☐ 4= Pain prevents me from sitting more than 10 minutes
- ☐ 5= Pain prevents me from sitting at all

Section 6 – Standing

- ☐ 0= I can stand as long as I want without extra pain
- ☐ 1= I can stand as long as I want but it gives me extra pain
- ☐ 2= Pain prevents me from standing for more than 1 hour
- ☐ 3= Pain prevents me from standing for more than 30 minutes
- ☐ 4= Pain prevents me from standing for more than 10 minutes
- ☐ 5= Pain prevents me from standing at all

Section 7 – Sleeping

- ☐ 0= My sleep is never disturbed by pain
- ☐ 1= My sleep is occasionally disturbed by pain
- ☐ 2= Because of pain I have less than 6 hours of sleep
- ☐ 3= Because of pain I have less than 4 hours of sleep
- ☐ 4= Because of pain I have less than 2 hours of sleep
- ☐ 5= Pain prevents me from sleeping at all

Section 8 – Sex Life (if applicable)

- ☐ 0= My sex life is normal and causes no extra pain
- ☐ 1= My sex life is normal but causes some extra pain
- ☐ 2= My sex life is nearly normal but is very painful
- ☐ 3= My sex life is severely restricted by pain
- ☐ 4= My sex life is nearly absent because of pain
- ☐ 5= Pain prevents any sex life at all

Section 9 – Social life

- ☐ 0= My social life is normal and gives me no extra pain
- ☐ 1= My social life is normal but increases the degree of pain
- ☐ 2= Pain has no significant effect on my social life apart from limiting my more energetic interests, eg, sport
- ☐ 3= Pain has restricted my social life and I do not go out as often
- ☐ 4= Pain has restricted my social life to my home
- ☐ 5= I have no social life because of pain

Section 10 – Traveling

- ☐ 0= I can travel anywhere without pain
- ☐ 1= I can travel anywhere but it gives me extra pain
- ☐ 2= Pain is bad but I manage journeys over two hours
- ☐ 3= Pain restricts me to journeys of less than one hour
- ☐ 4= Pain restricts me to short necessary journeys under 30 minutes
- ☐ 5= Pain prevents me from traveling except to receive treatment

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Do you take an opioid or narcotic medicine on a daily basis? Examples of common opioid medicines are: Oxycodone (OxyContin, Roxicodone); Fentanyl (Duragesic, Actiq); Hydrocodone (Vicodin, Vicoprofen); Methadone (Methadone, Dolophine); Morphine (MS Contin) and Codeine (Tylenol with codeine no. 3).

☐ Yes

☐ No

PROMIS GLOBAL HEALTH (10)

Reference: © 2008-2012 PROMIS Health Organization and PROMIS Cooperative Group

Instructions:

Answer every question by clicking the appropriate box, only one box for each question. If you are unsure, give the best answer you can.

1. In general, would you say your health is:
☐ 1= Poor ☐ 2= Fair ☐ 3= Good ☐ 4= Very Good ☐ 5= Excellent
2. In general, would you say your quality of life is:
☐ 1= Poor ☐ 2= Fair ☐ 3= Good ☐ 4= Very Good ☐ 5= Excellent
3. In general, how would you rate your physical health?
☐ 1= Poor ☐ 2= Fair ☐ 3= Good ☐ 4= Very Good ☐ 5= Excellent
4. In general, how would you rate your mental health, including your mood and your ability to think?
☐ 1= Poor ☐ 2= Fair ☐ 3= Good ☐ 4= Very Good ☐ 5= Excellent
5. In general, how would you rate your satisfaction with your social activities and relationships?
☐ 1= Poor ☐ 2= Fair ☐ 3= Good ☐ 4= Very Good ☐ 5= Excellent
6. In general, please rate how well you carry out your usual social activities and roles. (This includes activities at home, at work and in your community, and responsibilities as a parent, child, spouse, employee, friend, etc.)
☐ 1= Poor ☐ 2= Fair ☐ 3= Good ☐ 4= Very Good ☐ 5= Excellent
7. To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?
☐ 1= Not at all ☐ 2= A little ☐ 3= Moderately ☐ 4= Mostly ☐ 5= Completely

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In the past 7 days

8. How often have you been bothered by emotional problems such as feeling anxious, depressed or irritable?
☐ 1= Never ☐ 2= Rarely ☐ 3= Sometimes ☐ 4= Often ☐ 5= Always
9. How would you rate your fatigue on average?
☐ 1= None ☐ 2= Mild ☐ 3= Moderate ☐ 4= Severe ☐ 5= Very Severe
10. How would you rate your pain on average?
☐ 0- no pain ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10-Worst imaginable

How comfortable are you filling out medical forms by yourself?

- ☐ 0= Not at all ☐ 1= A little bit ☐ 2= Somewhat ☐ 3= Quite a bit ☐ 4= Extremely

RISK ASSESSMENT AND PREDICTION TOOL (RAPT)

Source: Developed by Dr. Leonie Oldmeadow at the Alfred Hospital in Victoria in 2001 to predict the discharge destination of patients undergoing elective hip and knee arthroplasty surgery.

Instructions:

Answer every question by clicking the appropriate box, only one box for each question. If you are unsure, give the best answer you can.

1. How far on average can you walk? (a block is 200 metres)
☐ 2 = Two blocks or more (+/- rest)
☐ 1 = 1 – 2 blocks (+/- rest)
☐ 0 = Housebound (most of time)
2. Which gait aid do you use? (more often than not)
☐ 2 = None
☐ 1 = Single point stick
☐ 0 = Crutches/frame
3. Do you use community supports? (home help, meals on wheels, district nursing?)
☐ 1 = None or one per week
☐ 0 = Two or more per week
4. Will you live with someone who can care for you after your operation?
☐ 3= Yes
☐ 0 = No