**SEBASTIAN RIVER MEDICAL CENTER**

**Total Joint Questionnaire - HIP**

**Pre-Surgery Evaluation**

**Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Patient DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Collection Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Complete the below questionnaire by marking the correct response for your situation.**

**How comfortable are you filling out medical forms by yourself?**

Extremely (4) Quite a bit (3) Somewhat (2) A little bit (1) Not at all (0)

**Have you used narcotics daily for the past 90 days or longer?**

Any daily dose of morphine (or hydromorphone/equivalent) in the 90 to 0 days prior to your surgery? Yes (0) NO

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

None (0) Mild (1) Moderate (2) Severe (3) Extreme (4)

**Do you have BACK PAIN at this moment and rate the severity?**

None (0) Very Mild (1) Moderate (2) Fairly Severe (3) Very Severe (4) Worst Imaginable (5)

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

1. **Going up or down stairs**

None (0) Mild (1) Moderate (2) Severe (3) Extreme (4)

1. **Walking on an uneven surface**

None (0) Mild (1) Moderate (2) Severe (3) Extreme (4)

**Function/Daily Living**

**Please indicate the degree of difficulty you have experienced in the last week due to your hip.**

1. **Rising from sitting**

None (0) Mild (1) Moderate (2) Severe (3) Extreme (4)

1. Bending to floor/pick up an object

None (0) Mild (1) Moderate (2) Severe (3) Extreme (4)

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

None (0) Mild (1) Moderate (2) Severe (3) Extreme (4)

1. Sitting

None (0) Mild (1) Moderate (2) Severe (3) Extreme (4)

**GLOBAL HEALTH**

Please respond to each item by marking one box per row:

Global 01 – **In general, would you say your health is:**

Excellent (5) Very Good (4) Good (3) Fair (2) Poor (1)

Global 02 – **In general, would you say your quality of life is:**

Excellent (5) Very Good (4) Good (3) Fair (2) Poor (1)

Global 03 – **In general, how would you rate your physical health?**

Excellent (5) Very Good (4) Good (3) Fair (2) Poor (1)

Global 04 – **In general, how would you rate your mental health, including your mood and your ability to think?**

Excellent (5) Very Good (4) Good (3) Fair (2) Poor (1)

Global 05 – **In general, how would you rate your satisfaction with your social activities and relationships?**

Excellent (5) Very Good (4) Good (3) Fair (2) Poor (1)

Global 09 – **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 child, spouse, employee, friend, etc.)**

Excellent (5) Very Good (4) Good (3) Fair (2) Poor (1)

Global 06 – **To what extend are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?**

Completely (5) Mostly (4) Moderately (3) A little (2) Not at all (1)

Global 10 – **How often have you been bothered by emotional problems such as feeling anxious, depressed, or irritable?**

Never (1) Rarely (2) Sometimes (3) Often (4) Always (5)

Global 08 – **How would you rate your fatigue on average?**

None (1) Mild (2) Moderate (3) Severe (4) Very Severe (5)

Global 07 – **How would you rate your pain on average?**

0 1 2 3 4 5 6 7 8 9 10

No Worst imaginable

Pain Pain