Bring this form filled when coming for Hip Replacement surgery

Name: ……
Date of birth: ……………………………..
Address: ………
NIC number/passport number: ………………………………………………………………………………..
Phone numbers: 1) …………………………...
2) …………………………….

Height: …………….(centimeters) Weight: ……………(kilograms)

During the past 1 month :-

1) How would you describe the pain in your hip ?

☐None	4
☐Very mild	3
☐Mild	2
☐Moderate	1
☐Severe	0

2) Are you troubled by pain in your hip at night in bed?

☐No nights	4
☐Only one or two nights	3
☐Some nights	2
☐Most nights	1
☐Every night	0

3) Have you had any sudden severe pain (shooting, stabbing) from your hip?

☐No days	4
☐Only one or two days	3
☐Some days	2
☐Most days	1
☐Every day	0

4) Have you been limping when walking because of your hip?

☐Rarely or never	4
☐Sometimes at the beginning of walking	3
☐Sometimes at beginning and later also	2
☐Most of the time	1
☐All of the time	0

5) For how long are you able to walk before the pain in your hip becomes severe?

☐No pain for 60 minutes or more	4
☐16-60 minutes	3
☐5-15 minutes	2
☐Around the house only	1
☐Not at all. Severe pain on walking	0

6) Can you climb a flight of stairs?

☐Yes, easily	4
☐With little difficulty	3
☐With moderate difficulty	2
☐With extreme difficulty	1
☐No, impossible	0

7) Can you dress yourself on your own ?

☐Yes, easily	4
☐With little difficulty	3
☐With moderate difficulty	2
☐With extreme difficulty	1
☐No, impossible	0

8) After a meal (sitting down), how painful is it for you to stand up from a chair because of your hip ?

☐Not painful at all	4
☐Slightly painful	3
☐Moderately painful	2
☐Very painful	1
☐Unbearable	0

9) Have you had any trouble getting in and out of a car or using public transport because of your hip?

☐No trouble at all	4
☐Very little trouble	3
☐Moderate trouble	2
☐Extreme difficulty	1
☐Impossible to do	0

10) Have you had any trouble washing and drying yourself because of your hip pain?

☐No trouble at all	4
☐Very little trouble	3
☐Moderate trouble	2
☐Extreme difficulty	1
☐Impossible to do	0

11) Can you do the household shopping on your own?

☐Yes, easily	4
☐With little difficulty	3
☐With moderate difficulty	2
☐With extreme difficulty	1
☐No, impossible	0

12) How much has pain from your hip interfered with your day to day work?

☐Not at all	4
☐A little bit	3
☐Moderately	2
☐Greatly	1
☐Totally	0