1-YEAR POST OPERATION

Complete these surveys and return them to the Joint & Spine Center 1 year after your surgery date. Theres is a designated area on the form for you to include your name, date of birth, your surgeon's name, date of surgery, and which hip underwent a joint replacement.

Greater Baltimore Medical Center
Joint and Spine Center, office 5835
6701 North Charles Street
Towson, MD 21204

Complete this questionnaire only if you do not have an e-mail address. Please mail it back to: GBMC's Joint & Spine Center

HOOS, JR. HIP SURVEY

1 Year Post-Op

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 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.

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 experienced 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 ☐

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***Patient Name:*____________________ *Date of Birth:* ___/___/____ *Surgeon's Name*_____________**

***Date of Surgery:* ___/___/____ *Right, Left, or Bilateral Hip?*_______ *Today's Date* ___/___/____**