



HIP QUESTIONNAIRE

Name _____ Date _____

Which hip is involved? Right Left Both

How long have you had pain in your hip? _____ Do you limp? Y N

Have you noticed loss of motion in your hip? Y N

Have you had any prior hip injuries/surgeries? Y N If yes, describe _____

Do you use walking aides? cane crutches walking sticks none

Does the pain in your hip:

- Interfere with sleep? Y N
- Interfere with dressing? Y N
- Make car transfers difficult? Y N
- Limit work activities? Y N
- Limit house/yard work? Y N
- Limit athletic activities? Y N
- Cause weight gain? Y N
- Cause mood changes? Y N
- Interfere with sexual activity? Y N

What activities make the hip pain worse? _____

What helps the hip pain?

- Aleve
- Ibuprofen
- Other anti-inflammatory meds
- Narcotics
- Physical Therapy
- Other _____

Have hip Xrays been done? Y N When & where? _____

Has a Hip MRI been done? Y N When & where? _____

Have you had a cortisone injection in your hip? Y N When? _____ Did it help? Y N

Any history of back problems? Y N If yes, describe _____

Are you allergic to metal? Y N Nickel? Y N

Any problems wearing jewelry? Y N

Do you have Diabetes? Y N

Do you have Kidney disease? Y N

Do you have a history of skin or Staph/MRSA infections? N Y Describe _____

Is there anything else you'd like to tell about your hip? _____

How did you hear about Dr. Rogerson? _____