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PATIENT ASSESSMENT AND TREATMENT OUTCOMES

Name:_____ Date: _____

1) How much pain do you have in your hip or knee?

HIP		KNEE
R L	No pain	R L
R L	**Slight**, occasional, no compromise in activity	R L
R L	**Mild**, effects ordinary activity, pain after stairs or unusual activity, use Tylenol	R L
R L	**Moderate**, tolerable, limit activities, use of anti-inflammatory medication	R L
R L	**Marked**, serious limitations, continual	R L
R L	**Severe** or totally disabled	R L

2) When does your hip or knee pain bother you?

HIP		KNEE
R L	No Pain	R L
R L	Pain with standing	R L
R L	Pain with first steps which goes away	R L
R L	Pain only after long walks	R L
R L	Pain with all walking activity	R L
R L	Pain at all times	R L

3) How often does hip or knee pain limit your activities?

HIP		KNEE
R L	Never	R L
R L	1-3 times a month	R L
R L	About once a week	R L
R L	Several days a week	R L
R L	Daily	R L

4) How often does stiffness, limited motion or weakness in your hip or knee limit your activities?

HIP		KNEE
R L	Never	R L
R L	1-3 times a month	R L
R L	About once a week	R L
R L	Several days a week	R L
R L	Daily	R L

5) How much does your hip or knee limit your ability to do sports or physical recreation?

{ } No limitations

{ } Slightly limits me

{ } Moderately limits me

{ } Greatly limits me

{ } Totally limits me

6) How often has your hip or your knee interfered with your ability to get together with friends or relatives?

{ } All of the time

{ } Most of the time

{ } Some of the time

{ } None of the time

7) How much does your hip or knee limit your ability to work?

HIP		KNEE
R L	No limitations	R L
R L	Slightly limits me	R L
R L	Moderately limits me	R L
R L	Greatly limits me	R L
R L	Totally limits me	R L
{ }	Not working for other reasons	

8) Work capacity for the past three months:

{ } Retired

{ } 25%

{ } 50%

{ } 75%

{ } 100%

{ } Works through the pain

9) What level of activity are you routinely doing?

{ } Bedridden or confined to a wheelchair, need assisted care

{ } Sedentary - minimum capacity for walking or other activity, low level activities of daily living (stairs, carrying, lifting, stooping)

{ } Semi-sedentary - white collar job, bench work, light housekeeping, indoor activities of daily living (stairs, carrying, lifting, stooping)

{ } Outdoor activities: occasional low stress sports, (golf, swimming, biking)

{ } Moderate manual labor.

{ } Heavy manual labor, high stress sports (racquet sports, basketball, baseball, skiing, tennis, running)

10) Do you need support when walking?

{ } Yes { } No

If yes, what kind?

{ } Cane
{ } Walker
{ } Unloader brace
{ } Wheelchair

11) I experience PAIN at what distance :

{ } 1 mile or greater
{ } 6-10 blocks or > 1/2 to < 1 mile
{ } 1-5 blocks or 1/4 to 1/2 mile
{ } 1 block
{ } Less than1 block

12) I experience PAIN at what time after getting up to stand or walk:

{ } 31 - 60 minutes
{ } 11 - 30 minutes
{ } 2 - 10 minutes
{ } Less than 2 minutes

13) How do you climb up stairs? (Answer only if you are able to walk.)

{ } Normally { } Need 1 rail
{ } Need 2 rails { } Unable to climb stairs

14) How much do you limp when you don't use support?

{ } No limp { } Slight limp
{ } Moderate limp { } Severe limp

15) How difficult is it for you to put on your shoes and socks?

{ } No trouble
{ } Able, but with difficulty
{ } Extremely difficult
{ } Unable

16) How do you go down stairs?

{ } Normally, no rails
{ } Need 1 rail
{ } Hip or knee creates instability or balance issues

17) How does your hip or knee affect your ability to get in and out of a car?

{ } Do it with ease
{ } With difficulty
{ } Unable

18) How difficult is it for you to go from sitting to standing?

{ } Can stand up from chair without arms
{ } Must use arms to stand up from chair
{ } Unable to stand up

19) Does your hip or knee pain cause:

{ } Sense of grinding
{ } Instability or giving way
{ } Falls

20) Does your hip or knee interfere with your sleep cycle?

{ } Difficulty falling asleep
{ } Pain or discomfort awakens you from sleep
{ } No effect on sleep

21) Conditions other than current problem which impair ambulation (select all that apply).

{ } Back
{ } Foot/ankle
{ } Lungs
{ } Heart
{ } Neurologic (stroke, paralysis)
{ } Psychological
{ } Other

22) Activities you want to do but can't because of your hip or knee (select all that apply).

{ } No limits	{ } Golf	{ } Skiing
{ } Baseball	{ } Hiking	{ } Stairs
{ } Softball	{ } Jogging	{ } Stooping
{ } Basketball	{ } Lawn mowing	{ } Swimming
{ } Biking	{ } Lifting	{ } Tennis
{ } Carrying	{ } Sex	{ } Walking
{ } Gardening	{ } Skating	{ } Other