

## HIP PAIN (New Patient/New Problem/TOC)

NAME		AGE	DATE			
OCCUPATION/FORMER OCCUPA	TION:					
SIDE: LEFT / RIGHT / BOTH						
DID YOU HAVE A SPECIFIC INJU	RY TO THE HIP?					
DURATION OF SYMPTOMS	MONTHS		YEARS			
LOCATION OF PAIN: GROIN		BUTTOCK				
(circle areas of pain on the diagram belo	w)					
WHAT MAKES IT WORSE? (circle the all that apply).						
Walking	Standing	Sitting				
Getting up from a seat	Going up stairs	Going down stairs				
Running	Twisting/Pivoting					
DAILY PAIN LEVEL (1 mild-10 worst) Pain at night? Y N Back Pain Y N   PAIN RATING: Y						
Mild Moderate	Severe	Totally Disabli	ng			
DO YOU LIMP? No Slightly	Moderately	Severely	Unable to Walk			

DO YOU REQUIRE ASSITIVE DEVICES?						
None	Cane at Times	Cane Full Time	Walker	Wheelchair		
HOW FAR CA	AN YOU WALK?					
Unlimited	6 Blocks	2-3 Blocks	Indoor Only	Unable		
CAN YOU CLIMB STAIRS?						
Normally	Normally with the Rail	One leg at a time	Unable			
CAN YOU PUT ON SOCKS AND SHOES?						
With Ease	With Difficulty	Unable				
CAN YOU SIT IN A CHAIR?						
Any Chair for 1	hour	High Chair for ½ hour	Not at all comfortably			
WHAT IS YOUR ACTIVITY LEVEL? (circle one)						
Bedridden	(Bedridden or c	(Bedridden or confined to a wheelchair)				
Sedentary	(Minimal ambu	(Minimal ambulation or activity)				
Semi-sedentary	emi-sedentary (White collar, bench work, light cleaning)					
Light labor	(Heavy cleaning, assembly line, light sports, e.g. walking)					
Moderate labor (Lifts <50 lbs. or moderate sports, e.g. walking, bicycling >3mi/5km)						

Heavy labor (Frequently lifts 50-100 lbs., vigorous sports, e.g. singles tennis, racquetball)

## HAVE YOU USED ANY OF THE FOLLOWING FOR YOUR HIP PAIN?

Previous Surgery on the HIP:

Surgery	Approximate Date	Surgeon and Facility