

HIP RECHECK

NAME: _____

Current Symptoms:

- Feeling great
- Much better
- Somewhat better
- Same as it was
- Worse

Quality of Pain:

- No pain
- Achy
- Burning
- Dull
- Sharp
- Stiffness
- Throbbing

Radiating Pain:

- Into the groin
- To the thigh
- Down the leg
- Down the leg to the foot
- Into the buttock(s)

Physical Therapy:

- Improving
- About the same
- Worse
- Has not received

Injection (only by Dr. Sima):

- Has been very beneficial
- Helped somewhat
- No effect

Work Status:

- Full duty
- Light Duty
- Missed work since _____
- Out of work
- Unemployed
- Retired
- Disabled
- Student

Walking Ability:

- Very limited
- Limited to a few stairs
- 1-2 blocks
- 5-10 blocks
- More than 10 blocks
- Not limited

Walking Aids:

- Cane
- Crutches
- Walker
- Shopping cart
- Brace
- Shoe inserts
- Boots
- Brace for sports
- Orthotics

Location of Pain:

- Groin
- Thigh
- Buttocks
- Side of hip

PAIN in last week due to hip:

1. Going up or down stairs
 None Mild Moderate Severe Extreme
2. Walking on uneven surface:
 None Mild Moderate Severe Extreme

Function (difficulty experienced in last week due to hip)

1. Rising from sitting
 None Mild Moderate Severe Extreme
2. Bend to floor/pick up object
 None Mild Moderate Severe Extreme
3. Lying in bed (turning over / maintaining hip position)
 None Mild Moderate Severe Extreme
4. Sitting
 None Mild Moderate Severe Extreme