

Please complete this form beforehand and bring it to the total joint replacement class you will attend before your surgery.

**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

Name: \_\_\_\_\_