



## Hip Replacement Survey

Please fill out all questions. For every question, only circle **one** answer.

1. How is this survey being completed?

- Patient
- Surrogate

2. What is your Race?

- White
- Black or African-American
- Asian
- American Indian/Alaska Native
- Native Hawaiian/Other Pacific Islander
- Other

3. What is your Ethnicity?

- Non-Hispanic or Not Latino
- Hispanic or Latino

4. How comfortable are you filling out medical forms by yourself?

- Extremely
- Quite a bit
- Somewhat
- A little bit
- Not at all

5. What amount of pain have you experienced in the last week in your other Hip?

- No pain
- Mild
- Moderate
- Severe
- Extreme



**6. What is the pain intensity in your lower back?**

- No pain
- Very mild
- Moderate
- Fairly severe
- Very severe
- Worst imaginable

**7. Please rate each general overall health question:**

- In general would you say your overall health is:

Excellent      Very Good      Good      Fair      Poor

- In general would you say your quality of life is:

Excellent      Very Good      Good      Fair      Poor

- In general how would you rate your physical health:

Excellent      Very Good      Good      Fair      Poor

- In general how would you rate your mental health, including your mood and your ability to think:

Excellent      Very Good      Good      Fair      Poor

- In general how would you rate your satisfaction with social activities and relationships:

Excellent      Very Good      Good      Fair      Poor

- In general rate how well you carry out social activities and roles. This includes activities at home, at work, and in your community and responsibilities as a parent, child, spouse, employee, friend, etc. :

Excellent      Very Good      Good      Fair      Poor



**8.** To what extent are you able to do every day physical activities such as walking, climbing stairs, carrying groceries or moving a chair:

Completely      Mostly      Moderately      A little      Not at all

**9.** In the past 7 days how often have you been bothered by emotional problems such as feeling anxious, depressed or irritable:

Never      Rarely      Sometimes      Often      Always

**10.** Rate your average fatigue over the past 7 days:

None      Mild      Moderate      Severe      Very Severe

**11.** Rate your average pain over the past 7 days:

**0    1    2    3    4    5    6    7    8    9    10**

**12.** What amount of hip pain have you experienced the last week during the following activities:

- Going up/down stairs:      None      Mild      Moderate      Severe      Extreme
- Walking on uneven surface:      None      Mild      Moderate      Severe      Extreme

**13.** Indicate the degree of difficulty you have experienced in the last week due to your hip:

- Rising to sitting:  
None      Mild      Moderate      Severe      Extreme
- Bending to floor to pick up an object:  
None      Mild      Moderate      Severe      Extreme
- Lying in bed (turning over, maintaining hip position):  
None      Mild      Moderate      Severe      Extreme
- Sitting:  
None      Mild      Moderate      Severe      Extreme