

INSTRUCTIONS TO PATIENTS

By placing a checkmark in one box in the group below, please indicate which statement best describes your situation today.

History

- Neither of my hips has been diagnosed as diseased.
- My left hip has been diagnosed as diseased.
- My right hip has been diagnosed as diseased.
- Both of my hips have been diagnosed as diseased.

Treatment

- Neither of my hips has been treated.
- My left hip has been treated.
- My right hip has been treated.
- Both of my hips have been treated.

Other Mobility Issues

(Ex: Pain from joints other than your hips, back pain or other diseases that affect your ability to move.)

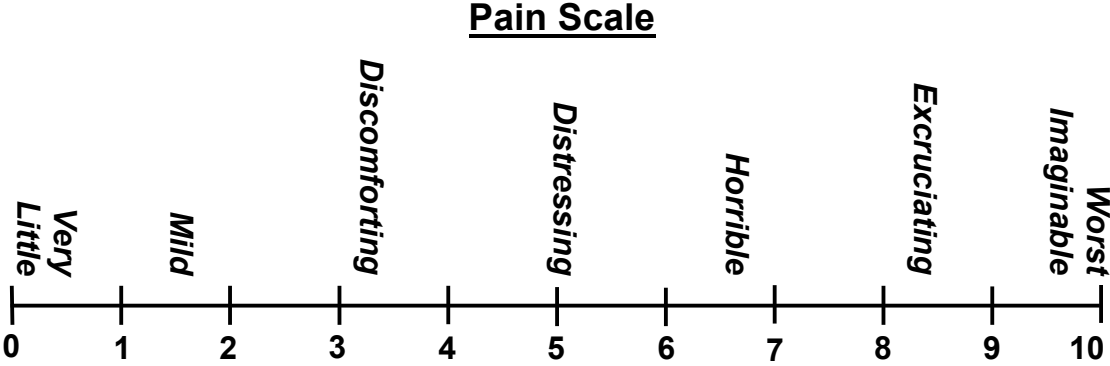
- I don't have any other movement problems.
- I have difficulty moving for other reasons.

Compared to my general health the past 12 months...

- My general health is better today.
- My general health is unchanged today.
- My general health is worse today.

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Indicate your average pain due to your most recently diagnosed / treated hip during the past month on the line below. The line is a scale where a mark to the far left means very little pain and a mark to the far right the worst imaginable pain. Place a mark on a suitable place on the scale to show how much pain you have.



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Indicate how satisfied you are with the result of your most recent hip treatment. The line is a scale where a mark to the left means very satisfied and a mark to the right means not satisfied. If your hip has not been treated, please skip this question.

