

____ Year Post Operative Satisfaction Survey

Date:/...../.....

Side: LEFT/RIGHT

Patient Name:.....

D O B:..... /

After your hip arthroscopy (please circle your choice):

- 1) Have you returned fully to sport/activity? YES/NO

- 2) Have you returned to sport/activity but at a lower level? YES/NO

- 3) Have you been unable to return to sport/activity? YES/NO

- 4) Are you satisfied? YES/NO

- 5) Would you have the surgery again? YES/NO

- 6) Have you had any further surgery to your hip? YES/NO

- 7) If you have had surgery, when did you have it and what did you have done?

MODIFIED HARRIS HIP SCORE:

PATIENT NAME

DATE: __/__/____

SIDE: LEFT/RIGHT

Pain

- None/able to ignore it
- Slight, occasional, no compromise in activity
- Mild, no effect on ordinary activity, pain after usual activity, use Aspirin/Ibuprofen/Tylenol
- Moderate, tolerable, makes concessions, occasional narcotics
- Marked, serious limitations
- Totally disabled

GaitLimp

- None
- Slight
- Moderate
- Severe
- Unable to walk

Support

- None
- Cane for long walks
- Cane all of the time
- Crutch
- 2 Canes
- 2 Crutches
- Unable to walk

Distance

- Unlimited
- 6 Blocks
- 2-3 Blocks
- Indoors Only

Functional ActivitiesStairs

- Can go up/down normally
- Can do up/down with banister
- Any other method
- Not able

Socks/Shoes

- With ease
- With difficulty
- Unable

Sitting

- Any chair, 1 hour+ (no problems)
- High Chair only or $\frac{1}{2}$ hour max.
- Unable to sit for up to $\frac{1}{2}$ hour in any chair

Bed and chair

Public transportation

Able to enter public transport

Unable to use public transportation (such as bus, or airport transportation)

NAHS Score:

Christensen, C.P., P.L Althausen, et al. (2003), "The Nonarthritic Hip Score: Reliable and Validated", Clinical Orthopaedics and Related Research, 406: 75–83.

INSTRUCTIONS

When answering the following questions, please circle the response which most accurately reflects your situation in the past **48 hour**. The questions concern symptoms you are **currently** experiencing in the hip you are having evaluated today.

QUESTION: How much pain do you have-

1. Walking on a flat surface?

4= none

3= mild

2= moderate

1= severe

0= extreme

2. Going up or down stairs?

4= none

3= mild

2= moderate

1= severe

0= extreme

3. At night while in bed?

4= none

3= mild

2= moderate

1= severe

0= extreme

4. Sitting or lying down?

4= none

3= mild

2= moderate

1= severe

0= extreme

5. Standing upright?

4= none

3= mild
2= moderate
1= severe
0= extreme

QUESTION: How much trouble do you have with-

1. Catching or locking of your hip?

4= none
3= mild
2= moderate
1= severe
0= extreme

2. Your hip giving out on you?

4= none
3= mild
2= moderate
1= severe
0= extreme

3. Stiffness in your hip?

4= none
3= mild
2= moderate
1= severe
0= extreme

4. Decreased motion in your hip?

4= none
3= mild
2= moderate
1= severe
0= extreme

QUESTION: What degree of difficulty do you have with-

1. Descending stairs?

4= none
3= mild
2= moderate
1= severe
0= extreme

2. Ascending stairs?

4= none
3= mild
2= moderate
1= severe
0= extreme

3. Rising from sitting?

4= none
3= mild
2= moderate
1= severe
0= extreme

4. Putting on socks/stockings?

4= none
3= mild
2= moderate
1= severe
0= extreme

5. Rising from bed?

4= none
3= mild
2= moderate
1= severe
0= extreme

Instructions

Please circle the response which best reflects your current situation. If there is not a suitable answer, please estimate the most accurate. If you are yet to be able to participate in a certain activity, please estimate how much trouble your hip would cause if you had to perform that type of activity.

QUESTION: How much trouble does your hip cause you when you participate in-

1. High demand sports involving sprinting or cutting (eg. football, basketball, tennis and aerobics)?

4= none

3= mild

2= moderate

1= severe

0= extreme

2. Low demand sports (eg. golfing and bowling)?

4= none

3= mild

2= moderate

1= severe

0= extreme

3. Jogging for exercise?

4= none

3= mild

2= moderate

1= severe

0= extreme

4. Walking for exercise?

4= none

3= mild

2= moderate

1= severe

0= extreme

5. Heavy household duties (eg. lifting firewood and moving furniture)?

4= none

3= mild

2= moderate

1= severe

0= extreme

6. Light household duties (eg. cooking, dusting, vacuuming and doing laundry)?

4= none

3= mild

2= moderate

1= severe

0= extreme

SF-12 (Short Form)

Question 1	In general, would you say your health is excellent, very good, good, fair, or poor?	Excellent ...	<input type="checkbox"/>
		Very Good ...	<input type="checkbox"/>
		Good ...	<input type="checkbox"/>
		Fair ...	<input type="checkbox"/>
		Poor ...	<input type="checkbox"/>

Question 2	The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?	Limited a lot ...	<input type="checkbox"/>
	First, moderate activities such as moving a table, pushing a vacuum cleaner, bowling or playing golf.	Limited a little ...	<input type="checkbox"/>
	Does your health now limit you a lot, limit you a little, or not limit you at all?	Not limited at all ...	<input type="checkbox"/>

Question 3	Climbing several flights of stairs. Does your health now limit you a lot, limit you a little, or not limit you at all?	Limited a lot ...	<input type="checkbox"/>
		Limited a little ...	<input type="checkbox"/>
		Not limited at all ...	<input type="checkbox"/>

Question 4	During the past four weeks, have you accomplished less than you would like as a result of your physical health?	No ...	<input type="checkbox"/>
		Yes ...	<input type="checkbox"/>

Question 5	During the past four weeks, were you limited in the
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kind of work or other regular activities you do as a result of your physical health?

No ...

Yes ...

Question 6 During the past four weeks, have you accomplished less than you would like to as a result of any emotional problems, such as feeling depressed or anxious?

No ...

Yes ...

Question 7 During the past four weeks, did you not do work or other regular activities as carefully as usual as a result of any emotional problems such as feeling depressed or anxious?

No ...

Yes ...

Question 8 During the past four weeks, how much did pain interfere with your normal work, including both work outside the home and housework? Did it interfere not at all, slightly, moderately, quite a bit, or extremely?

Not at all ...

Slightly ...

Moderately ...

Quite a bit ...

Extremely ...

Question 9 These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

How much time during the past 4 weeks have you felt calm and peaceful? All of the time, most of the time, a good bit of the time, some of the time, a little of the time, or none of the time?

All of the time ...

Most of the time ...

A good bit of the time ...

Some of the time ...

A little of the time ...

None of the time ...

Question 10 How much of the time during the past 4 weeks did

All of the time ...

you have a lot of energy? All of the time, most of the time, a good bit of the time, some of the time, a little of the time, or none of the time?

- Most of the time ...
- A good bit of the time ...
- Some of the time ...
- A little of the time ...
- None of the time ...
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Question 11 How much time during the past 4 weeks have you felt down? All of the time, most of the time, a good bit of the time, some of the time, a little of the time, or none of the time?

- All of the time ...
- Most of the time ...
- A good bit of the time ...
- Some of the time ...
- A little of the time ...
- None of the time ...
-

Question 12 During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities like visiting with friends, relatives etc? All of the time, most of the time, some of the time, a little of the time, or none of the time?

- All of the time ...
- Most of the time ...
- Some of the time ...
- A little of the time ...
- None of the time ...
-