



Hip Health

Office Use Only

SOF ID#

Acrostic

Staff ID#

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1 **IN THE PAST YEAR**, have you had pain in or around either hip joint, including the buttock, groin, or either side of the upper thigh, on most days for at least one month?

Yes No I don't know **V8SHIP**

Which hip had pain? Left hip Right hip Both hips **V8SWHIP**

2 **IN THE PAST 5 YEARS**, have you had hip replacement surgery where all or part of your hip joint was replaced? **V8HPRPL***

V8HPRPR* Yes, right hip Yes, left hip No I don't know

Year of hip replacement:

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Year of hip replacement:

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***not released for AA cohort**

3 **IN THE PAST 30 DAYS**, have you experienced any pain in either hip?

Yes No I don't know **V8HIPWM**

For the **RIGHT** hip, how much pain have you had during the following activities . . .

a. Walking on a flat surface?

None Mild Moderate Severe Extreme I don't know **V8HPWLKR**

b. Going up or down stairs?

None Mild Moderate Severe Extreme I don't know **V8HPSTRR**

c. At night while in bed?

None Mild Moderate Severe Extreme I don't know **V8HPBEDR**

d. Sitting or lying?

None Mild Moderate Severe Extreme I don't know **V8HPSITR**

e. Standing upright?

None Mild Moderate Severe Extreme I don't know **V8HPSTDR**

For the **LEFT** hip, how much pain have you had during the following activities . . .

a. Walking on a flat surface?

None Mild Moderate Severe Extreme I don't know **V8HPWLKL**

b. Going up or down stairs?

None Mild Moderate Severe Extreme I don't know **V8HPSTRL**

c. At night while in bed?

None Mild Moderate Severe Extreme I don't know **V8HPBEDL**

d. Sitting or lying?

None Mild Moderate Severe Extreme I don't know **V8HPSITL**

e. Standing upright?

None Mild Moderate Severe Extreme I don't know **V8HPSTDL**

Draft

