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TELL ME ABOUT YOUR HIP PROBLEMS: (please complete **both** sides!)

Name _____ Date of birth: _____ Date: _____

E-mail: _____ Affected Side: R or L or Both (circle one)

(Note: please answer for each hip separately if both sides are affected)

1. How would you characterize the onset of your hip problem?

- R L Sudden
R L Gradual
R L Unknown

2. What has the pattern of your hip problem been?

- R L Getting worse as time passes
R L Getting better as time passes
R L Staying about the same
R L Swings between good and bad days

3. About how long has your hip bothered you?

- R _____ years _____ months _____ days
_____ exact date of onset (if known)
L _____ years _____ months _____ days
_____ exact date of onset (if known)

4. Where exactly is your hip pain (or feeling of stiffness) located?

- R L No pain is present
R L I only feel stiffness (note where)
R L Groin
R L Side of hip
R L Lateral thigh (away from other thigh)
R L Medial thigh (near other thigh)
R L Front of thigh
R L Buttock
R L Lower back
R L Front of knee
R L Down the entire leg
R Other: _____
L Other: _____

5. Rate your average hip pain over the last week.

- R none=0 1 2 3 4 5 6 7 8 9 10=severe
L none=0 1 2 3 4 5 6 7 8 9 10=severe

6. Rate your hip pain 6 months ago.

- R none=0 1 2 3 4 5 6 7 8 9 10=severe
L none=0 1 2 3 4 5 6 7 8 9 10=severe

7. What best describes your hip pain/problem?

- R L Aching
R L Sharp
R L Throbbing
R L Burning
R L Tingling
R L Unpredictable
R L Constant
R Other: _____
L Other: _____

8. What aggravates your hip problem?

- R L Nothing
R L Lying on affected side
R L Lying on flat surface
R L Sitting
R L Lifting
R L Getting out of a chair
R L Getting in and out of a car
R L Riding in a car
R L Prolonged walking
R L Running
R L Prolonged standing
R L Climbing stairs
R L Descending stairs
R L Change in weather patterns
R Other: _____
L Other: _____

9. What relieves or lessens your hip problem?

- R L Nothing
R L Heat
R L Ice
R L Modification of activity
R L Lying down
R L Sitting
R L Walking assist device
R L Exercise
R L Standing
R L Walking
R L Topical Ointments (i.e. Bengay)
R L Medication
R L Other: _____

10. What are other associated issues related to your hip problem?

- R L Keeps me from sleeping at night
- R L Awakens me from sleep
- R L Stiffness
- R L Limping
- R L Grinding
- R L Catching
- R L Locking
- R L Giving away
- R L It has caused me to fall
- R L Decreased range of motion
- R L Swelling in the leg
- R L Difficulty shopping
- R L Difficulty doing housework
- R L Difficulty putting on shoes and socks
- R L Difficulty caring for feet
- R L Difficulty with sports activities
- R L Difficulty walking a distance

11. About how far can you walk at one time?

_____ Miles/ Blocks/ Feet

12. What initially brought on your hip problem?

- R L Not sure
- R L Trauma
- R Other: _____
- L Other: _____

13. What previous diagnostic tests have you had on your hips?

- R L None
- R L Plain radiographs
- R L MRI
- R L CT
- R L Bone Scan
- R Other: _____
- L Other: _____

14. Note if any of the following have evaluated or treated your back or lower extremities.

- R L Orthopedic surgeon
 - Neurosurgeon
 - Neurologist
 - Rheumatologist
 - Chiropractor
 - Pain management
 - Other: _____

15. Have you ever had back surgery?

Yes No

16. Have you had physical therapy for your hip?

Yes (when?) _____ No

R _____
L _____

17. Have you had any previous surgeries on your hip?

Yes No

(if yes, list the surgeries for each and when they were done, list on other paper if needed)

R _____

L _____

18. Which assistive device do you use?

- None
- Cane
- Crutch
- Walker
- Wheelchair
- Shopping basket
- Motorized scooter

19. What medications have you taken?

(mark a P for those used in PAST)
(mark a C for those used CURRENTLY)

- ___ None
- ___ Tylenol
- ___ Aspirin
- ___ Ibuprofen/Motrin/Advil
- ___ Aleve/Naprosyn/Naproxyn
- ___ Mobic/Meloxicam
- ___ Celebrex
- ___ Other NSAID: _____
- ___ Ultram/Tramadol/Ultracet
- ___ Narcotic: _____
- ___ Glucosamine / Chondroitin
- ___ Cortisone inject in office R L
- ___ Cortisone inject under image R L
- ___ Other: _____

20. How would you characterize your hip problem?

- R L An inconvenience
- R L More than an inconvenience
- R L Disabling