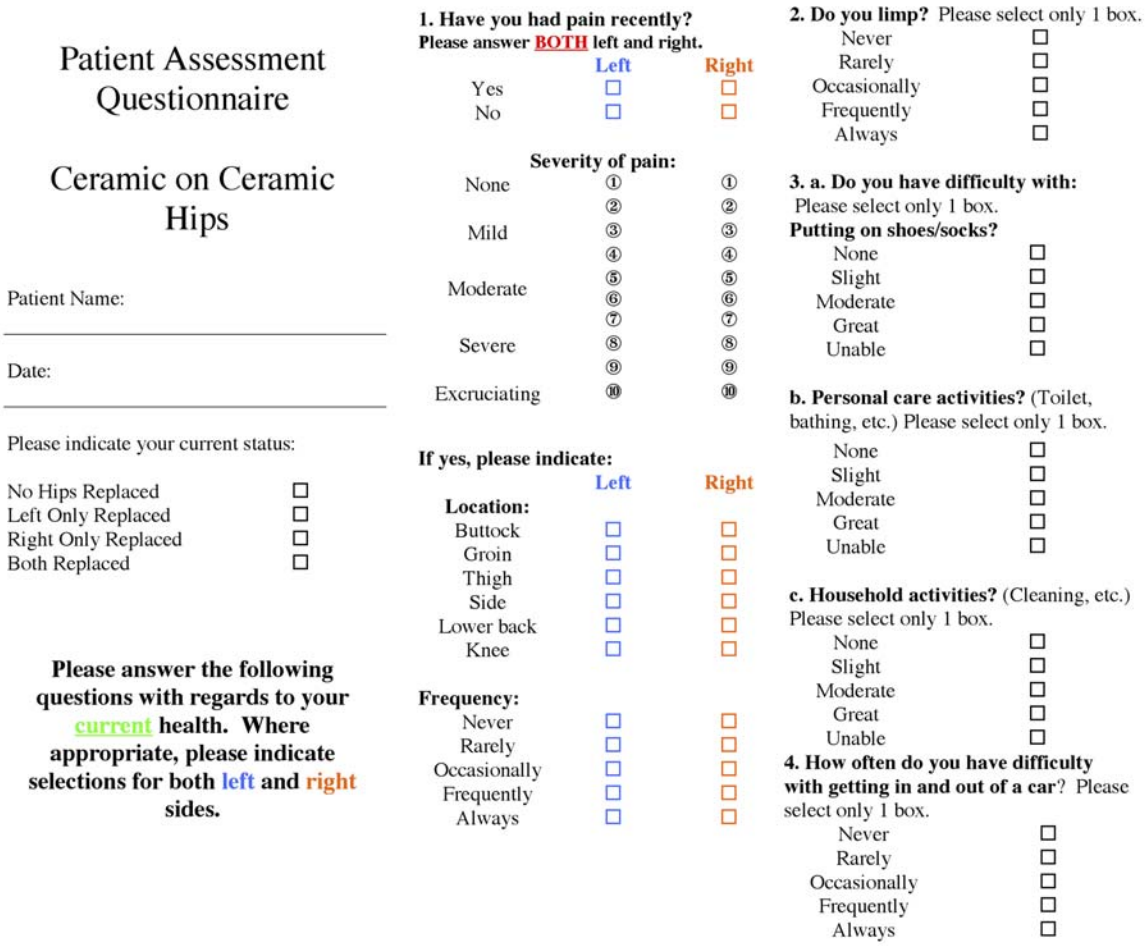

Patient Assessment Questionnaire

Ceramic on Ceramic Hips

Patient Name: _____

Date: _____

Please indicate your current status:

- ☐ No Hips Replaced
- ☐ Left Only Replaced
- ☐ Right Only Replaced
- ☐ Both Replaced

Please answer the following questions with regards to your current health. Where appropriate, please indicate selections for both left and right sides.

1. Have you had pain recently?
Please answer BOTH left and right.

	Left	Right
Yes	☐	☐
No	☐	☐

Severity of pain:

	Left	Right
None	①	①
	②	②
Mild	③	③
	④	④
	⑤	⑤
Moderate	⑥	⑥
	⑦	⑦
Severe	⑧	⑧
	⑨	⑨
Excruciating	⑩	⑩

If yes, please indicate:

	Left	Right
Location:		
Buttock	☐	☐
Groin	☐	☐
Thigh	☐	☐
Side	☐	☐
Lower back	☐	☐
Knee	☐	☐
Frequency:		
Never	☐	☐
Rarely	☐	☐
Occasionally	☐	☐
Frequently	☐	☐
Always	☐	☐

2. Do you limp? Please select only 1 box.

- ☐ Never
- ☐ Rarely
- ☐ Occasionally
- ☐ Frequently
- ☐ Always

3. a. Do you have difficulty with:
Please select only 1 box.
Putting on shoes/socks?

- ☐ None
- ☐ Slight
- ☐ Moderate
- ☐ Great
- ☐ Unable

b. Personal care activities? (Toilet, bathing, etc.) Please select only 1 box.

- ☐ None
- ☐ Slight
- ☐ Moderate
- ☐ Great
- ☐ Unable

c. Household activities? (Cleaning, etc.)
Please select only 1 box.

- ☐ None
- ☐ Slight
- ☐ Moderate
- ☐ Great
- ☐ Unable

4. How often do you have difficulty with getting in and out of a car? Please select only 1 box.

- ☐ Never
- ☐ Rarely
- ☐ Occasionally
- ☐ Frequently
- ☐ Always

Fig. E-1
Patient-Assessment Questionnaire. Question Set 11 focuses on noises associated with the total hip arthroplasty.

5. a. How much assistance do you need with walking and stairs: Please select only 1 box.

- None ☐
- Cane/crutch ☐
- 2 Crutches ☐
- Walker ☐
- Unable ☐

b. Assistance due to:

- Operated Hip ☐
- Unoperated Hip ☐
- Other ☐

6. How far can you walk? Please select only 1 box.

- Unlimited ☐
- 10+ Blocks ☐
- 4-10 Blocks ☐
- 1-3 Blocks ☐
- Housebound ☐

7. a. Please select your favorite recreational activities:

- None of the following ☐
- Swimming ☐
- Walking 1-3 miles/day ☐
- Running ☐
- Tennis ☐
- Gym ☐
- Golf ☐
- Gardening ☐
- Other: ☐

b. How often does your affected hip influence the performance of your favorite activities? Please select only 1 box.

- Never ☐
- Rarely ☐
- Occasionally ☐
- Frequently ☐
- Always ☐

8. How often does your affected hip influence your social activities? Please select only 1 box.

- Never ☐
- Rarely ☐
- Occasionally ☐
- Frequently ☐
- Always ☐

9. How often does your hip pain influence your sense of well being? Please select only 1 box.

- Never ☐
- Rarely ☐
- Occasionally ☐
- Frequently ☐
- Always ☐

10. Rate your satisfaction with your ability to use your hip. Please select only 1 box.

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Unsatisfied — Fully Satisfied

11. Does your hip make a noise?

- Never ☐
- Rarely ☐
- Occasionally ☐
- Frequently ☐
- Always ☐

b. How would you describe this noise?

- ☐ Squeak ☐ Grind
- ☐ Click ☐ Pop
- ☐ Snap ☐ Other: _____

c. Can other people hear it?

Yes ☐ No ☐

d. Is this noise associated with pain?

Yes ☐ No ☐

e. When do you experience this noise? Select all that apply:

- Walking ☐
- Stairs ☐
- Sporting Activities ☐
- Other: ☐

_____

f. How much does this noise affect your quality of life? Please select only 1 box.

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Never — Occassionally — Always

PLEASE CONTINUE TO NEXT PAGE →

Fig. E-1 (continued)