		1. Have you had pain recently?			2. Do you limp? Please select only 1 box.			
	Please answer BOTH left and right.			Never				
Patient Assessment Questionnaire			Left	Right	Rarely			
		Yes			Occasionally			
Question	No			Frequently				
				Always				
		Seve	rity of pain	ı:	0.056.000.500			
Ceramic on Ceramic Hips		None	①	1	3. a. Do you have di	fficulty with:		
		Mild	2	2	Please select only 1 box.			
			3	3	Putting on shoes/soo	eks?		
			4	4	None			
	Moderate	(5)	(5)	Slight				
Patient Name:		6	6	Moderate				
			7	7	Great			
Date:		Severe	8	8	Unable			
			9	9				
		Excruciating	00	00	b. Personal care act	ivities? (Toilet.		
Please indicate your current status:					bathing, etc.) Please select only 1 box.			
		If yes, please indicate:		None				
		ii yes, picase ma	Left	Right	Slight			
No Hips Replaced		Location:	Leit	Right	Moderate			
Left Only Replaced		Buttock			Great			
Right Only Replaced		Groin			Unable			
Both Replaced		Thigh						
		Side			c. Household activities? (Cleaning, etc.			
		Lower back			Please select only 1 b			
		Knee			None			
Please answer the following		Kliee			Slight			
		F			Moderate			
questions with regards to your		Frequency: Never			Great			
current health. Where		17.07.77.77			Unable			
appropriate, please indicate		Rarely			4. How often do you have difficulty			
selections for both left and right		Occasionally				in and out of a car? Please		
sides.			Frequently  Always		select only 1 box.			
		Always			Never			
					Rarely			
					Occasionally			
					Frequently			
					Always	ñ		

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					11. Does your hip make a noise?					
with walking and stairs: P	lease select only				Never					
1 box.		b. How often does your affected hip			Rarely					
None		influence the performance of your favorite			Occasionally					
Cane/crutch		activities? Please select on			Frequ	iently				
2 Crutches		Never			Alv	vays				
Walker		Rarely								
Unable		Occasionally		b H	ow would	von de	eeri	he this	noise?	
		Frequently		D. 110	on would	you de	LSCI I	De tills	noise.	
b. Assistance due to:		Always			Squeak			Grind		
Operated Hip					Click			Pop		
Unoperated Hip		8. How often does your affected hip			Snap		ă	Other:		
Other		influence your social activ	vities? Please select		Shap		_	Other.		
Other		only 1 box.								
6. How far can you walk? Please select		Never		c. Can other people hear it?			it?			
only 1 box.	T lease select	Rarely			Yes			No		
Unlimited		Occasionally			1 03	_		110	_	
10+ Blocks		Frequently								
4-10 Blocks		Always		d. Is this noise associated with pain?			in?			
1-3 Blocks					Yes			No		
Housebound		9. How often does your hi	p pain influence		1.00	_		110	_	
Housebound	_	your sense of well being?	Please select only 1							
7. a. Please select your fav	orite	box.	•	. 33/1				41.1		
recreational activities:		Never		e. When do you experience this no Select all that apply:			ioise?			
None of the following		Rarely		Se	iect all tha	it apply	<b>/:</b>			
Swimming		Occasionally			Wal	king				
Walking 1-3 miles/day		Frequently				airs				
Running		Always		Sporting Activities						
Tennis						ner:				
Gym		10. Rate your satisfaction	with your ability						1077	
Golf		to use your hip. Please sel	•							
Gardening		,	,	f. Ho	w much o	loes th	is no	oise affe	ct your	
Other:				qualit	ty of life?	Please	sele	ct only	1 box.	
Guer.		1 2 3 4 5 6	7 8 9 10	•				•		
		Unsatisfied	Fully Satisfied	① ② Never	2 3 4 C	© ©	⑥ onally	⑦ ®	9 ( Always	

PLEASE CONTINUE TO NEXT PAGE

Fig. E-1 (continued)