



Dr. Hariri's Hip Questionnaire

Name: _____ Today's Date: _____
Date of Birth: _____

HISTORY

What hip is the problem? Right Left Both
 When did you start having hip pain? _____
 Where is your hip pain: Groin Buttock Side of the Hip Thigh
 Did you have a hip injury? Yes No
 If so, what was the injury and which hip? _____
 When was the injury? _____
 Have you ever seen another physician for this hip problem? Yes No
 If so, who? _____
 Have you gone to physical therapy (PT) for your shoulder? Yes No
 If so, how many PT session? _____
 When was your last PT visit? _____
 Have you ever had a hip INJECTION? Yes No
 If so, which hip and how many times? _____
 When was the last injection? _____
 Have you had a hip surgery? Yes No
 If so, what, which hip, and when was it performed? _____

 What other treatments have you had so far for the hip pain?

 Have you had a knee surgery? Yes No
 If so, what, which knee, and when was it performed? _____
 Have you had a hip problem in the past? Yes No
 If so, when? _____
 What was the problem and how was it treated? _____

 Do you take any medications for your hip pain? Yes No
 If so, what medications, dose, and frequency? _____

SYMPTOMS

Do you have hip pain that awakens you at night? Yes No
 Do you have pain ALL the time, MOST of the time, or SOME of the time?
 Does the pain interfere with work? Yes No
 Does the pain interfere with sports? Yes No
 Does the pain happen BEFORE, DURING or AFTER sports?
 Do you have any numbness, tingling, or pins-and-needles feeling in your leg or thigh?
 Yes No



- Does your hip POP or CLICK? Yes No
- Does your hip CATCH or LOCK? Yes No
- Do you have problems putting on your socks and/or shoes? Yes No
- Does it hurt to sit for long periods of time? Yes No
- Does it hurt to get up from a sitting position? Yes No
- Do you have trouble getting out of a car? Yes No
- Do you have trouble getting up from a toilet seat? Yes No
- Does it hurt to go up or down stairs or hills? Yes No
- Does it hurt to kneel or squat? Yes No
- Have you missed any work due to this pain? Yes No

If so, how long: _____

How far can you walk? _____ Blocks OR _____ Miles

Do you wear Arch Supports (Orthotics) for your feet? Yes No

Do you have any back pain? Yes No

If so, does the pain radiate down the back of your leg: Yes No

Which leg? Right Left

Sports You Usually Participate In	Hours/Week	Level
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Level = Competitive, Recreational, Light Recreational)

What is the best description of your hip PAIN?

- None
- Slight pain or occasional pain
- Mild, no effect on ordinary activity, pain after unusual activity, use aspirin or similar medication
- Moderate, pain that required medicine stronger than aspirin/similar medication. I am active but have had to make modifications and/or give up some activities because of pain.
- Marked or severe pain that limits activity and requires pain medicine frequently.
- Severe pain even in bed. I am totally disabled.

How do you climb stairs?

- Normally (foot over foot without use of banister).
- Need a banister, cane or crutch.
- Severe trouble climbing stairs.
- Unable to climb stairs.



Are you physically able to use public transportation (bus, train, etc...)?
 Yes No

In terms of sitting in a chair, are you:

- Comfortable in any chair for one hour.
- Comfortable in high chair for one-half hour.
- Unable to sit comfortably in any chair.

In terms of putting on your sock and shoe on each side?

- Can put on sock and tie shoe easily.
- Can put on sock and tie shoe with difficulty.
- Unable to put on sock or tie shoe.

Amount and type of support used:

- None
- Single cane for long walks.
- Single cane most of the time.
- One crutch.
- Two canes.
- Two crutches.
- Walker
- Not able to walk at all.

Distance you can walk (this should be judged with the aid of support if you use any):

- Unlimited
- Six Blocks
- 2-3 Blocks
- Indoors only.
- Bed to chair.

Describe your LIMP:

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