

Name: _____ Date: _____

<p>1) How much pain do you have in your hip or knee?</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;"></th> <th style="width:35%;">HIP</th> <th style="width:35%;">KNEE</th> </tr> </thead> <tbody> <tr> <td></td> <td>R L No Pain</td> <td>R L</td> </tr> <tr> <td></td> <td>R L Slight, occasional, no compromise in activity</td> <td>R L</td> </tr> <tr> <td></td> <td>R L Mild, no effect on ordinary activity, pain after stairs or unusual activity, use aspirin</td> <td>R L</td> </tr> <tr> <td></td> <td>R L Mild or occasional, walking and stairs</td> <td>R L</td> </tr> <tr> <td></td> <td>R L Moderate, tolerable, limit activities, use of prescription drugs</td> <td>R L</td> </tr> <tr> <td></td> <td>R L Marked, serious limitations, continual</td> <td>R L</td> </tr> <tr> <td></td> <td>R L Severe or totally disabled</td> <td>R L</td> </tr> </tbody> </table>		HIP	KNEE		R L No Pain	R L		R L Slight, occasional, no compromise in activity	R L		R L Mild, no effect on ordinary activity, pain after stairs or unusual activity, use aspirin	R L		R L Mild or occasional, walking and stairs	R L		R L Moderate, tolerable, limit activities, use of prescription drugs	R L		R L Marked, serious limitations, continual	R L		R L Severe or totally disabled	R L	<p>2) When does your hip or knee pain bother you?</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;"></th> <th style="width:35%;">HIP</th> <th style="width:35%;">KNEE</th> </tr> </thead> <tbody> <tr> <td></td> <td>R L Pain with first steps which goes away</td> <td>R L</td> </tr> <tr> <td></td> <td>R L Pain only after long walks</td> <td>R L</td> </tr> <tr> <td></td> <td>R L Pain with all walking activity</td> <td>R L</td> </tr> <tr> <td></td> <td>R L Pain at all times</td> <td>R L</td> </tr> </tbody> </table> <p>Comments: _____</p>		HIP	KNEE		R L Pain with first steps which goes away	R L		R L Pain only after long walks	R L		R L Pain with all walking activity	R L		R L Pain at all times	R L
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<p>3) How often does hip or knee pain limit your activities?</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;"></th> <th style="width:35%;">HIP</th> <th style="width:35%;">KNEE</th> </tr> </thead> <tbody> <tr> <td></td> <td>R L Never</td> <td>R L</td> </tr> <tr> <td></td> <td>R L Once a month or less</td> <td>R L</td> </tr> <tr> <td></td> <td>R L 2-3 times a month</td> <td>R L</td> </tr> <tr> <td></td> <td>R L About once a week</td> <td>R L</td> </tr> <tr> <td></td> <td>R L Several days a week</td> <td>R L</td> </tr> <tr> <td></td> <td>R L Daily</td> <td>R L</td> </tr> </tbody> </table>		HIP	KNEE		R L Never	R L		R L Once a month or less	R L		R L 2-3 times a month	R L		R L About once a week	R L		R L Several days a week	R L		R L Daily	R L	<p>4) How often does stiffness, limited motion or weakness in your hip or knee limit your activities?</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;"></th> <th style="width:35%;">HIP</th> <th style="width:35%;">KNEE</th> </tr> </thead> <tbody> <tr> <td></td> <td>R L Never</td> <td>R L</td> </tr> <tr> <td></td> <td>R L Once a month or less</td> <td>R L</td> </tr> <tr> <td></td> <td>R L 2-3 times a month</td> <td>R L</td> </tr> <tr> <td></td> <td>R L About once a week</td> <td>R L</td> </tr> <tr> <td></td> <td>R L Several days a week</td> <td>R L</td> </tr> <tr> <td></td> <td>R L Daily</td> <td>R L</td> </tr> </tbody> </table>		HIP	KNEE		R L Never	R L		R L Once a month or less	R L		R L 2-3 times a month	R L		R L About once a week	R L		R L Several days a week	R L		R L Daily	R L
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<p>7) During the past four weeks, how often has your hip or your knee interfered with your ability to get together with friends or relatives?</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;"></th> <th style="width:35%;">HIP</th> <th style="width:35%;">KNEE</th> </tr> </thead> <tbody> <tr> <td></td> <td>R L All or the time</td> <td>R L</td> </tr> <tr> <td></td> <td>R L Most of the time</td> <td>R L</td> </tr> <tr> <td></td> <td>R L A good bit of the time</td> <td>R L</td> </tr> <tr> <td></td> <td>R L Some of the time</td> <td>R L</td> </tr> <tr> <td></td> <td>R L A little bit of the time</td> <td>R L</td> </tr> <tr> <td></td> <td>R L None of the time</td> <td>R L</td> </tr> </tbody> </table>		HIP	KNEE		R L All or the time	R L		R L Most of the time	R L		R L A good bit of the time	R L		R L Some of the time	R L		R L A little bit of the time	R L		R L None of the time	R L	<p>8) Work capacity for the past three months:</p> <table style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td>{ }</td> <td>0%</td> </tr> <tr> <td>{ }</td> <td>25%</td> </tr> <tr> <td>{ }</td> <td>50%</td> </tr> <tr> <td>{ }</td> <td>75%</td> </tr> <tr> <td>{ }</td> <td>100%</td> </tr> </tbody> </table>	{ }	0%	{ }	25%	{ }	50%	{ }	75%	{ }	100%
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**9) What is your highest possible level of activity (ABLE)
What level of activity are you routinely doing (ROUTINELY do)?**
(select one answer for each column)

	ABLE	ROUTINELY DO
{ }	Bedridden or confined to a wheelchair, need assisted care	{ }
{ }	Sedentary - minimum capacity for walking or other activity, low level activities of daily living (stairs, carrying, lifting, stooping)	{ }
{ }	Semi-sedentary - white collar job, bench work, light housekeeping, indoor activities of daily living (stairs, carrying, lifting, stooping)	{ }
{ }	Outdoor activities of daily living	{ }
{ }	Moderate manual labor, low stress sports, (golf, swimming, biking, hiking)	{ }
{ }	Heavy manual labor, high stress sports (racquet sports, basket, baseball, skiing, tennis, running)	{ }

<p>10) What kind of support do you need when walking?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none;">{ } { } { }</td> <td style="border: none;">Unable to walk Wheelchair No support needed</td> <td style="width: 30%; border: none;">In which hand do you use cane or crutch?</td> <td style="border: none;">R L R L</td> </tr> </table> <p>If walking with support</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none;">{ } { } { } { } { }</td> <td style="border: none;">1 cane, only - long (30 min.) walks 1 cane, full-time 1 crutch 2 canes 2 crutches or walker</td> <td style="width: 30%; border: none;">Which joint(s) is aid used for?</td> <td style="border: none;">HIP KNEE R R L L</td> </tr> </table>	{ } { } { }	Unable to walk Wheelchair No support needed	In which hand do you use cane or crutch?	R L R L	{ } { } { } { } { }	1 cane, only - long (30 min.) walks 1 cane, full-time 1 crutch 2 canes 2 crutches or walker	Which joint(s) is aid used for?	HIP KNEE R R L L	<p>11) How far are you able to walk?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">Without support</td> <td style="width: 40%; border: none;">using support</td> </tr> <tr> <td style="border: none;">{ } { } { } { } { } { } { } { }</td> <td style="border: none;">{ } { } { } { } { } { } { } { }</td> </tr> <tr> <td style="border: none;">Unlimited 1 mile or greater 6-10 blocks or > 1/2 to < 1 mile 1-5 blocks or 1/4 to 1/2 mile 1 block Less than 1 block Indoors only Between bed and a chair</td> <td style="border: none;"></td> </tr> </table>	Without support	using support	{ } { } { } { } { } { } { } { }	{ } { } { } { } { } { } { } { }	Unlimited 1 mile or greater 6-10 blocks or > 1/2 to < 1 mile 1-5 blocks or 1/4 to 1/2 mile 1 block Less than 1 block Indoors only Between bed and a chair				
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<p>14) Even if you usually use a support aid for walking, how much do you limp when you don't use support?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none;">{ } { } { } { } { }</td> <td style="border: none;">No limp Slight limp Moderate limp Severe limp Unable to walk</td> </tr> </table>	{ } { } { } { } { }	No limp Slight limp Moderate limp Severe limp Unable to walk	<p>15) If you marked an aid for support in question 10, how much do you limp using that support?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none;">{ } { } { } { } { }</td> <td style="border: none;">No limp Slight limp Moderate limp Severe limp Unable to walk</td> </tr> </table>	{ } { } { } { } { }	No limp Slight limp Moderate limp Severe limp Unable to walk													
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