

# Follow Up Patient Questionnaire

## Adult Reconstruction & Joint Replacement

### Patient Information:

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

### Chief Complaint (select all that apply):

Location/Laterality:

Hip	Left	Right	Both
Knee	Left	Right	Both

Please complete the additional pages to the best of your ability. Thank you.

### Please select the Care Provider you are here to see:

<input type="checkbox"/> Dr. Alexiades	<input type="checkbox"/> Dr. Cross	<input type="checkbox"/> Dr. Jerabek	<input type="checkbox"/> Dr. Padgett	<input type="checkbox"/> Dr. C Ranawat	<input type="checkbox"/> Dr. Westrich
<input type="checkbox"/> Dr. Bostrom	<input type="checkbox"/> Dr. Della Valle	<input type="checkbox"/> Dr. Lyden	<input type="checkbox"/> Dr. Parks	<input type="checkbox"/> Dr. P Sculco	<input type="checkbox"/> Dr. Windsor
<input type="checkbox"/> Dr. Buly	<input type="checkbox"/> Dr. Figgie	<input type="checkbox"/> Dr. Mayman	<input type="checkbox"/> Dr. Pellicci	<input type="checkbox"/> Dr. T Sculco	
<input type="checkbox"/> Dr. Cornell	<input type="checkbox"/> Dr. Haas	<input type="checkbox"/> Dr. Nestor	<input type="checkbox"/> Dr. A Ranawat	<input type="checkbox"/> Dr. Su	

## VR-12 Health Survey

**Instructions:** This questionnaire asks for your views about your health. Answer every question by marking the answer as indicated. If you are unsure how to answer a question, please give the best answer you can.

1. In general, would you say your health is:

Excellent	Very Good	Good	Fair	Poor
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2. Does your health now limit:

a. Moderate activities such as moving a table, pushing a vacuum, bowling or playing golf?

Yes, limited a lot	Yes, limited a little	No, not limited at all
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b. Climbing several flights of stairs?

Yes, limited a lot	Yes, limited a little	No, not limited at all
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3. During the past 4 weeks, has your physical health resulted in:

a. Accomplishing less than you would like?

None of the time	A little of the time	Some of the time	Most of the time	All of the time
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b. Being limited in the **kind** of work or other activities you have attempted?

None of the time	A little of the time	Some of the time	Most of the time	All of the time
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4. During the past 4 weeks, as a result of any emotional problems (such as feeling depressed or anxious):

a. Have you **accomplished less** than you would like?

None of the time	A little of the time	Some of the time	Most of the time	All of the time
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b. Have you not completed work or other activities as **carefully** as usual?

None of the time	A little of the time	Some of the time	Most of the time	All of the time
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5. During the past 4 weeks, how much did **pain** interfere with your normal work (including both work outside the home and house work)?

Not at all	A little bit	Moderately	Quite a bit	Extremely
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6. During the past 4 weeks, have you felt calm and peaceful?

All of the time	Most of the time	Good bit of the time	Some of the time	Little of the time	None of the time
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7. During the past 4 weeks, did you have a lot of energy?

All of the time	Most of the time	Good bit of the time	Some of the time	Little of the time	None of the time
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8. During the past 4 weeks, have you felt downhearted and blue?

All of the time	Most of the time	Good bit of the time	Some of the time	Little of the time	None of the time
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9. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (such as visiting friends, relatives, etc...)?

None of the time	A little of the time	Some of the time	Most of the time	All of the time
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10. Compared to 1 year ago, how would you rate your **physical health** in general now?

Much better	Slightly better	About the same	Slightly worse	Much worse
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11. Compared to 1 year ago, how would you rate your **emotional problems now** (such as feeling anxious, depressed or irritable)?

Much better	Slightly better	About the same	Slightly worse	Much worse
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## **HOOS, JR. Hip Survey (skip if you are seeing the surgeon about your Knee)**

**Instructions:** This survey asks for you view about your hip. This information will help us keep track of how you feel about your hip and how well you are able to do your usual activities.

Answer every question by ticking the appropriate box, only one box for each question. If you are unsure about how to answer a question, please give the best answer you can.

**Which Hip:**

Left	Right	Both
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**Pain:** What amount of hip pain have you experienced the last week during the following activities?

1. Going up or down stairs:

None	Mild	Moderate	Severe	Extreme
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2. Walking on an uneven surface:

None	Mild	Moderate	Severe	Extreme
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**Function, daily living:** The following questions concern your physical function. By this we mean your ability to move around and to look after yourself. For each of the following activities, please indicate the degree of difficulty you have experience in the last week due to your hip.

3. Rising from sitting:

None	Mild	Moderate	Severe	Extreme
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4. Bending to floor/pick up an object:

None	Mild	Moderate	Severe	Extreme
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5. Lying in bed (turning over, maintaining hip position):

None	Mild	Moderate	Severe	Extreme
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6. Sitting:

None	Mild	Moderate	Severe	Extreme
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**Current Pain Level (no pain 0 – 10 highest)**

Hip – Right Side

0	1	2	3	4	5	6	7	8	9	10
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Hip – Left Side

0	1	2	3	4	5	6	7	8	9	10
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## **KOOS, JR. Knee Survey (skip if you are seeing the surgeon about your Hip)**

**Instructions:** This survey asks for you view about your knee. This information will help us keep track of how you feel about your knee and how well you are able to do your usual activities.

Answer every question by ticking the appropriate box, only one box for each question. If you are unsure about how to answer a question, please give the best answer you can.

**Which Knee:**

Left	Right	Both
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**Stiffness:** Amount of joint stiffness you have experienced the last week in your knee. Stiffness is a sensation of restriction or slowness in the ease with which you move your knee joint.

1. How severe is your knee stiffness after first wakening in the morning?

None	Mild	Moderate	Severe	Extreme
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**Pain:** What amount of knee pain have you experienced the last week during the following activities?

2. Twisting/pivoting on your knee:

None	Mild	Moderate	Severe	Extreme
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3. Straightening knee fully:

None	Mild	Moderate	Severe	Extreme
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4. Going up or down stairs:

None	Mild	Moderate	Severe	Extreme
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5. Standing upright:

None	Mild	Moderate	Severe	Extreme
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**Function, daily living:** The following questions concern your physical function. By this we mean your ability to move around and to look after yourself. For each of the following activities, please indicate the degree of difficulty you have experience in the last week due to your knee.

6. Rising from sitting:

None	Mild	Moderate	Severe	Extreme
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7. Bending to floor/pick up an object:

None	Mild	Moderate	Severe	Extreme
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### **Current Pain Level (no pain 0 – 10 highest)**

Knee – Right Side

0	1	2	3	4	5	6	7	8	9	10
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Knee – Left Side

0	1	2	3	4	5	6	7	8	9	10
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## ACTIVITY SURVEY (LEAS)

Please read through each description given below, pick only **ONE** description that best describes your regular daily activities and put a check in that box.

### CHECK ONLY ONE (1) BOX ON THIS PAGE

- a. I am confined to bed all day.
- b. I am confined to bed most of the day except for minimal transfer activities (going to the bathroom, etc)
- c. I am either in bed or sitting in a chair most of the day.
- d. I sit most of the day, except for minimal transfer activities, no walking or standing.
- e. I sit most of the day, but I stand occasionally and walk a minimal amount in my house.  
(I may rarely leave the house for an appointment and may require the use of a wheelchair or scooter for transportation.)
- f. I walk around my house to a moderate degree but I don't leave the house on a regular basis. I may leave the house occasionally for an appointment.
- g. I walk around my house and go outside at will, walking one or two blocks at a time.
- h. I walk around my house, go outside at will and walk several blocks at a time without any assistance (weather permitting).
- i. I am up and about at will in my house and can go out and walk as much as I would like with no restrictions (weather permitting).
- j. I am up and about at will in my house and outside. I also work outside the house in a:
- minimally
  - moderately
  - extremely active job
- k. I am up and about at will in my house and outside. I also participate in relaxed physical activity such as jogging, dancing, cycling, swimming:
- occasionally (2-3 times per month)
  - 2-3 times per week
  - daily
- l. I am up and about at will in my house and outside. I also participate in vigorous physical activity such as competitive level sports
- occasionally (2-3 times per month)
  - 2-3 times per week
  - daily