Nadim Aslam
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Hip and Knee Questionnaire

Name: ______________________ **Date:** ______________

Date of birth: ______________________ **Age:** ______________

Thank you for completing this questionnaire.

This questionnaire will help us to better understand your general health and any problems related to bone and muscle condition.

Your completion of this questionnaire is completely voluntary and your responses will be held in the strictest confidence.

Please answer every question. Some questions may look like others, but each one is different.

There are no right or wrong answers. If you are not sure how to answer a question, just give the best answer you can. You can make comments in the margin. We do read all your comments, so feel free to make as many as you wish.

Please answer the following questions for the hip/knee being treated or followed up. If it is BOTH hips/knees, please answer the questions for your **worse** side. All questions are about how you have felt, on average, during the **past week**. If you are being treated for an injury that happened less than **one week** ago, please answer for the period since your injury.

1) During the past week, how stiff was your hip/knee?

☐ Not at all ☐ Mildly ☐ Moderately ☐ Very ☐ Extremely

2) During the past week, how swollen was your hip/knee?

☐ Not at all ☐ Mildly ☐ Moderately ☐ Very ☐ Extremely

During the past week, please tell us about how painful your hips/knees were during the following activities:
3) Walking on flat surfaces?

	Not painful	Mildly painful	Moderately painful	Very painful	Extremely painful	Could not do because of hip/knee pain	Could not do for other reasons
Right hip	☐	☐	☐	☐	☐	☐	☐
Left hip	☐	☐	☐	☐	☐	☐	☐
Right knee	☐	☐	☐	☐	☐	☐	☐
Left knee	☐	☐	☐	☐	☐	☐	☐

4) Going up or down stairs?

	Not painful	Mildly painful	Moderately painful	Very painful	Extremely painful	Could not do because of hip/knee pain	Could not do for other reasons
Right hip	☐	☐	☐	☐	☐	☐	☐
Left hip	☐	☐	☐	☐	☐	☐	☐
Right knee	☐	☐	☐	☐	☐	☐	☐
Left knee	☐	☐	☐	☐	☐	☐	☐

5) Lying in bed at night?

	Not painful	Mildly painful	Moderately painful	Very painful	Extremely painful	Could not do because of hip/knee pain	Could not do for other reasons
Right hip	☐	☐	☐	☐	☐	☐	☐
Left hip	☐	☐	☐	☐	☐	☐	☐
Right knee	☐	☐	☐	☐	☐	☐	☐
Left knee	☐	☐	☐	☐	☐	☐	☐

6) Which of the following statements best describes your ability to get around most of the time during the past week?

a. I did not need support or assistance at all
b. I mostly walked without support or assistance
c. I mostly used one cane or crutch to help me get around
d. I mostly used two canes, two crutches or a walker to help me get around
e. I used a wheelchair
f. I mostly used other supports or someone else had to help me get around
g. I was unable to get around at all

7) How difficult was it for you to put on or take off socks/tights during the past week?

☐ not at all ☐ slightly ☐ moderately ☐ very ☐ extremely ☐ cannot do it at all