

## Hip Symptom Questionnaire

This information will help your doctor to understand your problem. Please complete this form as completely as possible. If you have any questions, do not hesitate to ask your doctor.

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

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

Please check One: Right Hip Left Hip Both Hips (If both, is one worse than the other?  
(Which one? \_\_\_\_\_)

When did your symptoms begin? \_\_\_\_\_

How did they begin? \_\_\_\_\_

Are your symptoms: Improving? Worsening? Staying the same?

Please describe your symptoms:

Rate your discomfort level (Circle one): *Minimal 1 2 3 4 5 6 7 8 9 10 Severe*

Where does it hurt: (Check all that apply):  
groin buttocks  
back of upper leg front of upper leg  
inside of leg outside of leg  
below the knee  
other: \_\_\_\_\_

How would you describe your pain?  
(Check all that apply): sharp dull grinding  
throbbing tingling intermittent  
constant burning electric shocks  
other: \_\_\_\_\_

Do you have any other associated symptoms?  
(Check all that apply): stiffness (where? \_\_\_\_\_)  
numbness (where? \_\_\_\_\_)  
swelling (where? \_\_\_\_\_)  
locking/catching (where? \_\_\_\_\_)  
weakness (where? \_\_\_\_\_)  
instability/giving away (when? standing

sitting)

When are symptoms worse?  
(Check all that apply): night walking running after exercise  
stairs kneeling rising from chair  
standing other: \_\_\_\_\_

What makes your symptoms better?  
(Check all that apply): rest therapy brace/bandage  
heat cold walking aid  
exercise other: \_\_\_\_\_

Do you have pain in other joints? No Yes (Where? \_\_\_\_\_)

Have you had other tests? No Yes  
(Describe: \_\_\_\_\_)

Have you had previous treatment? No Yes (Describe: \_\_\_\_\_)