Hip and Knee

Outcomes Questionnaire

Developed by:

American Academy of Orthopaedic Surgeons®

American Association of Hip and Knee Surgeons

American Orthopaedic Society for Sports Medicine

Hip Society

Knee Society

Orthopaedic Rehabilitation Association

Orthopaedic Trauma Association

Arthroscopy Association of North America

American Orthopaedic Foot and Ankle Society

Musculoskeletal Tumor Society

Based on the Version 2.0 Hip and Knee Outcomes Intrument

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Hip and Knee Questionnaire

FOR OFFICE USE ONLY

Clinic ID ____________________ First six letter of patient's last name _____________

Physician ID ____________________ Office Chart # ______________________________

	Diagnosis & ICD-9 Code*	Procedure & CPT Code	CPT Date	Side of body procedure was performed on:
Primary DX	DX ____________ ICD-9	Tx ____________ ICD-9		☐ Right ☐ Left ☐ Both ☐ N/A
Secondary DX	DX ____________ ICD-9	Tx ____________ ICD-9		☐ Right ☐ Left ☐ Both ☐ N/A
Secondary DX	DX ____________ ICD-9	Tx ____________ ICD-9		☐ Right ☐ Left ☐ Both ☐ N/A
Secondary DX	DX ____________ ICD-9	Tx ____________ ICD-9		☐ Right ☐ Left ☐ Both ☐ N/A
Secondary DX	DX ____________ ICD-9	Tx ____________ ICD-9		☐ Right ☐ Left ☐ Both ☐ N/A

Hip and Knee Questionnaire

Today's Date / /

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 conditions.

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.

Your Birth Date / /

Your Social Security Number _______________________

Hip and Knee Questionnaire

Instructions

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? (Circle one response.)

1 Not at all   2 Mildly   3 Moderately   4 Very   5 Extremely

2. During the **past week**, how **swollen** was your hip/knee? (Circle one response.)

1 Not at all   2 Mildly   3 Moderately   4 Very   5 Extremely

The following instructions are for questions 3-5.

During the **past week**, please tell us about how painful your hips/knees were during the following activities. (Circle ONE response on each line that best describes your average ability for each joint.)

	Not painful	Mildly painful	Moderately painful	Very painful	Extremely painful	Could not do because of hip/knee pain	Could not do for other reasons
3. Walking on **flat** surfaces?							
Right Hip	1	2	3	4	5	6	7
Left Hip	1	2	3	4	5	6	7
Right Knee	1	2	3	4	5	6	7
Left Knee	1	2	3	4	5	6	7

	Not painful	Mildly painful	Moderately painful	Very painful	Extremely painful	Could not do because of hip/knee pain	Could not do for other reasons
4. Going up or down stairs?							
Right Hip	1	2	3	4	5	6	7
Left Hip	1	2	3	4	5	6	7
Right Knee	1	2	3	4	5	6	7
Left Knee	1	2	3	4	5	6	7

	Not painful	Mildly painful	Moderately painful	Very painful	Extremely painful	Could not do because of hip/knee pain	Could not do for other reasons
5. Lying in bed at night?							
Right Hip	1	2	3	4	5	6	7
Left Hip	1	2	3	4	5	6	7
Right Knee	1	2	3	4	5	6	7
Left Knee	1	2	3	4	5	6	7

6. Which of the following statements **best** describes your ability to get around most of the time during the **past week**? (Circle one response.)

1 I did not need support or assistance at all.
2 I mostly walked without support or assistance.
3 I mostly used one cane or crutch to help me get around
4 I mostly used two canes, two crutches or a walker to help me get around.
5 I used a wheelchair.
6 I mostly used other supports or someone else had to help me get around.
7 I was unable to get around at all.

7. How difficult was it for you to put on or take off socks/stockings during the **past week**? (Circle one response.)

1 Not at all difficult 2 Slightly difficult 3 Moderately difficult 4 Very difficult 5 Extremely difficult 6 Cannot do it at all