

OrthoMichigan

HOOS, JR. HIP SURVEY

Pre Operative ☐ Post Operative ☐ 3-4 months ☐ 9-13 months

Estimated Surgery Date:

Today's date:

Date of birth:

Name:

Account Number:

Provider:

Sx Facility:

Side:

INSTRUCTIONS: This survey asks for your view about your hip. This information will help us keep track of how well 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 so that you answer all the questions.

Pain

What amount of pain have you experienced the **last week** during the following activities?

1. Going up or down stairs

None

☐

Mild

☐

Moderate

☐

Severe

☐

Extreme

☐

2. Walking on an uneven surface

None

☐

Mild

☐

Moderate

☐

Severe

☐

Extreme

☐

Function, daily living

The following questions concern your physical function. By this we mean your ability to move around and look after yourself. For each of the following activities, please indicate the degree of difficulty you have experienced in the **last week** due to your hip.

3. Rising from sitting

None

☐

Mild

☐

Moderate

☐

Severe

☐

Extreme

☐

4. Bending to floor/pick up an object

None

☐

Mild

☐

Moderate

☐

Severe

☐

Extreme

☐

5. Lying in bed (turning over, maintaining hip position)

None

☐

Mild

☐

Moderate

☐

Severe

☐

Extreme

☐

6. Sitting

None

☐

Mild

☐

Moderate

☐

Severe

☐

Extreme

☐

MARCQI Patient Reported Outcomes Opioid Questions

Instructions:

Answer each question by marking the most appropriate box, giving only one answer per question.

If you are unsure how to answer a question, please give the best answer you can.

1. Do you take opioid pain medications every day or most days (e.g. Hydrocodone, Norco, Vicodin, Oxycodone, Morphine, Codeine, etc.)?

☐ YES

(If YES, please continue to #2 below)

☐ NO

(If NO, please skip to the next page)

2. Why do you take this opioid pain medication(s)?

- ☐ Operative Joint Pain
- ☐ Other pain in different area of your body
- ☐ Operative Joint Pain AND other pain in different are of your body
- ☐ Other reason, not for pain

Global Health Scale

Today's Date:

Patient Name:

Account No.:

Please respond to each item by marking one box in each row

		<u>Excellent</u>	<u>Very good</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>						
Global01	In general, would you say your health is:	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1						
Global02	In general, would you say your quality of life is:	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1						
Global03	In general, how would you rate your physical health?	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1						
Global04	In general, how would you rate your mental health, including your mood and your ability to think?.....	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1						
Global05	In general, how would you rate your satisfaction with your social activities and relationships?	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1						
Global09	In general, please rate how well you carry out your usual social activities and roles. (This includes activities at home, at work and in your community, and responsibilities as a parent, child, spouse, employee, friend, etc.)	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1						
		<u>Completely</u>	<u>Mostly</u>	<u>Moderately</u>	<u>A Little</u>	<u>Not at all</u>						
Global06	To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries or moving a chair?	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1						
In the past 7 days ...												
		<u>Never</u>	<u>Rarely</u>	<u>Sometimes</u>	<u>Often</u>	<u>Always</u>						
Global10	How often have you been bothered by emotional problems such as feeling anxious, depressed or irritable?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5						
		<u>None</u>	<u>Mild</u>	<u>Moderate</u>	<u>Severe</u>	<u>Very Severe</u>						
Global08	How would you rate your fatigue on average?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5						
Global07	How would you rate your pain on average?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	☐ 9	☐ 10
		No Pain										Worst imaginable pain

Additional Patient Reported Outcomes Questions

Instructions:

Answer each question by marking the most appropriate box, giving only one answer per question.

If you are unsure how to answer a question, please give the best answer you can.

1. What amount of pain have you experienced in the last week in your other hip? ...

None

☐

Mild

☐

Moderate

☐

Severe

☐

Extreme

☐

2. My BACK PAIN at the moment is? ...

None

☐

Very Mild

☐

Moderate

☐

Fairly Severe

☐

Very Severe

☐

Worst Imaginable

☐

3. How comfortable are you filling out medical forms by yourself? ...

Extremely

☐

Quite a bit

☐

Somewhat

☐

A little bit

☐

Not at all

☐