DUNES SURGICAL HOSPITAL
In association with MERCYONE.

Total Hip Arthroplasty Preoperative Patient Self-Assessment

Patient Name: _____ Patient Date of Birth: _____
Date: _____

Please respond to each question or statement by marking one box per row.

How comfortable are you filling out medical forms by yourself?	☐ Not at all ☐ A little bit ☐ Somewhat ☐ Quite a bit ☐ Extremely
Have you used narcotics, including prescription pain medication, for more than 90 days?	☐ No, less than 90 days/never ☐ Yes, over 90 days
What amount of pain have you experienced in the last week in your other knee/hip?	☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme
My back pain at the moment is:	☐ None ☐ Very mild ☐ Moderate ☐ Fairly severe ☐ Very severe ☐ Extreme
What amount of hip pain have you experienced the last week going up or down stairs?	☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme
What amount of hip pain have you experienced the last week walking on an uneven surface?	☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme
Please indicate the degree of difficulty you have experienced in the last week due to your hip when rising from sitting	☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme
Please indicate the degree of difficulty you have experienced in the last week due to your hip when bending to the floor/picking up an object	☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme
Please indicate the degree of difficulty you have experienced in the last week due to your hip when lying in bed (turning over, maintaining hip position)	☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme
Please indicate the degree of difficulty you have experienced in the last week due to your hip when sitting	☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

During the past 4 weeks, have you accomplished less in work or other daily activities than you would like as a result of any emotional problems (such as feeling depressed or anxious)?	☐ No, none of the time ☐ Yes, a little of the time ☐ Yes, some of the time ☐ Yes, most of the time ☐ Yes, all of the time
During the past 4 weeks, did you not do work or other activities as carefully as usual as a result of any emotional problems (such as feeling depressed or anxious)?	☐ No, none of the time ☐ Yes, a little of the time ☐ Yes, some of the time ☐ Yes, most of the time ☐ Yes, all of the time
How much of the time during the past 4 weeks have you felt calm and peaceful?	☐ All of the time ☐ Most of the time ☐ A good bit of the time ☐ Some of the time ☐ A little of the time ☐ None of the time
How much of the time during the past 4 weeks have you had a lot of energy?	☐ All of the time ☐ Most of the time ☐ A good bit of the time ☐ Some of the time ☐ A little of the time ☐ None of the time
How much of the time during the past 4 weeks have you felt downhearted and blue?	☐ All of the time ☐ Most of the time ☐ A good bit of the time ☐ Some of the time ☐ A little of the time ☐ None of the time
During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?	☐ All of the time ☐ Most of the time ☐ Some of the time ☐ A little of the time ☐ None of the time
In general, would you say your quality of life is:	☐ Poor ☐ Fair ☐ Good ☐ Very Good ☐ Excellent
In general, how would you rate your mental health, including your mood and your ability to think?	☐ Poor ☐ Fair ☐ Good ☐ Very Good ☐ Excellent
In general, how would you rate your satisfaction with your social activities and relationships?	☐ Poor ☐ Fair ☐ Good ☐ Very Good ☐ Excellent
In the past 7 days, how often have you been bothered by emotional problems such as feeling anxious, depressed or irritable?	☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

Thank you for taking the time to participate in our survey.

Patient Signature: _____