

Today's Date _____

Name _____

SS# _____

Date of Birth _____

Hip / Knee (Circle)

Hip/Knee Patient Follow-up Assessment Questionnaire

1. Approximate date of surgery: _____
2. Have you had to have additional surgery on this hip/knee since the replacement?
Yes _____ ➔ Total _____ or Partial _____
No _____
If YES,
A. When: _____
B. Why: _____
3. How much has your hip/knee pain changed as a result of your replacement surgery?
 - _____ Became a lot worse
 - _____ Became a little worse
 - _____ No change
 - _____ Improved a little
 - _____ Improved a lot (no pain)
4. Concerning your hip/knee, to what extent have you resumed your usual activities following your replacement surgery?
 - _____ Not at all
 - _____ A little
 - _____ Somewhat
 - _____ Moderately
 - _____ A lot
5. In general, how would you rate the outcome of your hip/knee replacement surgery?
 - _____ Poor
 - _____ Fair
 - _____ Good
 - _____ Very Good
 - _____ Excellent

Thank you for your help.