

## Clinic Visit: Patient Questionnaire

**FOR STUDY SATFF**

Patient Study ID \_\_\_\_\_

Type of Visit

Initial Visit

Pre-Op Visit

Post-Op Visit

Regular Follow-Up: \_\_\_\_\_ (months/years)

Date of Clinical Visit (MM/DD/YYYY) \_\_\_\_\_

**Please complete the questions below on behalf of the patient. Thank you for your participation!**

1. Are you currently experiencing pain associated with you hip?
  - No → *Skip to question 2*
  - Yes → *Continue*
  - 1a. On a scale of 0-10, how severe is your hip pain?  
*Circle one number.*

<b>Pain Score</b>	0 (no pain)	1	2	3	4	5	6	7	8	9	10 (severe, worst pain)
-------------------	----------------	---	---	---	---	---	---	---	---	---	----------------------------
  - 1b. Where is your pain located?  
*Please check all that apply.*
    - Buttock
    - Groin
    - Hip
    - Knee
    - Thigh
    - Other: \_\_\_\_\_
  - 1c. How often do you have **hip** pain?
    - Every day
    - 2-3 times per week
    - Once per week
    - 1-2 times per month or less
    - I don't have pain
2. Are you currently using pain medications for your hip?
  - No → *Skip to question 3*
  - Yes → *Continue*
  - 2a. What pain medications are you taking for your hip?  
*Please check all that apply.*
    - Aleve (Naproxen)
    - Hydrocodone/Oxycodone
    - Ibuprofen
    - Tylenol
    - Other: \_\_\_\_\_
  - 2b. How often do you use pain medications for your hip?
    - Every day
    - 2-3 times per week
    - Once a week or less
    - Other: \_\_\_\_\_
3. Since you first started having symptoms, are the symptoms...
  - getting better
  - getting worse
  - staying the same
  - I no longer experience symptoms
4. Have you missed school due to your hip pain?
  - Yes, Less than once per month
  - Yes, Once per month
  - Yes, Once per week
  - Yes, More than once per week
  - No, I'm not school age yet
  - No, I did not miss any school due to pain

Estimated number of days missed in the last 30 days due to hip pain: \_\_\_\_\_ days

For the next four questions, think about your activity levels for the last 30 days.

5. I **only** participated in sedentary activities (e.g., TV, reading, and video games):

- o Yes → Skip to question 6
- o No → Continue

5a. I participated in **high impact sports** (e.g., running, basketball, soccer) in the last 30 days:

Select one answer.

- o Regularly (almost every day)
- o Sometimes (once or twice a week)
- o Rarely (less than once a week)
- o Never/ Unable

5b. I participated in **low impact sports** (e.g., cycling, swimming) in the last 30 days:

Select one answer.

- o Regularly (almost every day)
- o Sometimes (once or twice a week)
- o Rarely (less than once a week)
- o Never/ Unable

5c. I participated in **mild activities** (e.g., school PE, light chores, outdoor play) in the last 30 days:

Select one answer.

- o Regularly (almost every day)
- o Sometimes (once or twice a week)
- o Rarely (less than once a week)
- o Never/ Unable

6. What is your **current** weight bearing status?

- o Weight bearing as tolerated
- o Restricted weight bearing

7. What is your **current** activity level?

- Bed rest
- Wheelchair only or wheelchair with transfer/bathroom privileges
- Non weight bearing with crutches or walker
- Toe touch weight bearing with crutches or walker
- Partial weight bearing with crutches or walker (25-50% of body weight)
- Weight bearing as tolerated, but no sports
- Low impact sports only (e.g., swimming, cycling)
- Full activity no restrictions
- Other: \_\_\_\_\_

8. Are you currently using an abduction brace (not a cast) for your affected hip?

- o No, I was never prescribed a brace as part of my treatment.
- o No, My surgeon told me to stop wearing my brace.
- o No, I decided to stop wearing my brace.  
Reason for stopping: \_\_\_\_\_  
Approximate date you stopped: \_\_\_\_\_
- o Yes, I am currently using a brace.  
Date of brace initiation: \_\_\_\_\_  
How many hours per day do you wear the brace?: \_\_\_\_\_ hours

9. Have you had any Perthes-related/hip complications since your last visit? If yes, please describe.

**End of questionnaire. Thank you for your participation!**