

Demographics - Patient Questionnaire

FOR STUDY STAFF ONLY: Study ID: _____ Date of Visit (MM/DD/YYYY): _____

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

1. What is your gender?
 - Female
 - Male

2. What is the primary ethnicity you consider yourself?
 - African descent or African American
 - Asian
 - Caucasian
 - Hispanic
 - Other _____
 - Prefer not to answer

Treatment History

3. What is your primary reason for initially seeking medical care?
Please check only one.
 - Pain
 - Limp
 - Both pain and limp
 - Incidental finding
 - Other _____

4. Before today's visit, how many doctors or other healthcare providers have you seen for this problem?
This includes primary care providers, emergency room visits, urgent care, etc. *Please provide one number.* _____

5. Before today's visit, have you seen any of the following providers for this problem?
Check all that apply.
 - Chiropractor
 - Emergency Room
 - Physician Assistant
 - Primary Care Provider
 - Nurse Practitioner
 - Other _____

6. Before today's visit, how many other orthopedic surgeons have you seen for this problem? *Please provide one number.* _____

7. What were the first symptoms you experienced?
Check all that apply.
 - Buttock pain
 - Groin pain
 - Hip pain
 - Knee pain
 - Limp
 - Stiffness
 - Thigh pain
 - Other _____

8. What type of imaging did you have **before** the diagnosis was made?
Check all that apply.
 - Hip x-ray
 - Knee x-ray
 - Other _____
 - Hip MRI
 - Knee MRI

9. What previous **non-operative treatments** for Perthes have you had?
Check all that apply.
 - No non-operative treatment
 - Bracing
 - Casting
 - Protected Weight-bearing
 - Physical Therapy
 - Restricted Activity
 - Other _____

10. Have you had any surgery, or treatment, on your affected hip previously?
- o No → Continue to question 11
 - o Yes → Which of the following surgeries, or treatments, were performed on your affected hip? *Check all that apply.*
 - Femoral Osteotomy
 - Pelvic Osteotomy
 - Shelf Acetabular Osteotomy
 - Soft Tissue (muscle/tendon lengthening)
 - Other, please describe: _____

Physical Activity History

For the next four questions, think about your activity level 1 to 3 months *BEFORE* Perthes symptoms started.

11. I **only** participated in sedentary activities 1 to 3 months **before** the onset of Perthes symptoms (e.g., TV, reading, video games)?
- o Yes → Skip to question 15
 - o No → Continue to question 12
12. I participated in **impact sports** 1 to 3 months **before** the onset of Perthes symptoms (e.g., running, basketball, soccer).
- 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
13. I participated in **low impact sports** 1 to 3 months **before** the onset of Perthes symptoms (e.g., cycling, swimming).
- 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
14. I participated in **mild activities** 1 to 3 months **before** the onset of Perthes symptoms (e.g., school PE, light chores, outdoor play).
- 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

Personal History

15. Have you ever been diagnosed with any of the following conditions? *Check all that apply.*
- Anemia
 - Asthma
 - Hyperactivity or Attention-Deficit Hyperactivity Disorder (ADHD)
 - If yes, Do you take medication for ADHD? o No o Yes
 - I have none of these conditions
 - What other conditions have you had? : _____

16. Have you had any problems with your heart, lung, kidney, brain, bladder, and/or bowel?
- o No
 - o Yes

If yes, which of these did you have a problem with and briefly describe the condition:

Example: Heart - cardiomyopathy

Family History

17. Is there a family history of any of the following conditions?

- Attention-Deficit Hyperactivity Disorder (ADHD)
- Coagulation (blood clotting) disorder
- Hip disorder that required surgery or hip replacement
- Perthes Disease
- Sickle Cell Disease
- None
- Other

For each condition indicated, please identify family member(s) (i.e. mom, brother, grandfather, etc) that had/have the condition.

Example: Perthes – paternal grandfather

18. Is anyone in the household a past or present smoker?

- No
- Yes → please state who in the household and how much _____
(Example: maternal grandfather, 1 pack per day)
1 pack = 12 cigarettes

19. What is the highest household education level?
Select one answer.

- Less than high school (*less than 8 years of school*)
- High school degree (*12 years of school*)
- Some college (*ex: associate or technical experience*)
- College or Bachelor's degree
- Graduate degree (*ex: medical, law, professor*)

End of questionnaire. Thank you for your participation!

