

# The Non Arthroplasty Hip Surgery Register (NAHSR)

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The following 5 questions concern the amount of pain you are currently experiencing in the hip that you are having evaluated today. For each situation, please circle the answer that most accurately reflects the amount of pain experienced in the past 48 hours. Please circle one answer that best describes your situation.

## How much pain do you have-

### 1.Walking on a flat surface?

- ☐ None
- ☐ Mild
- ☐ Moderate
- ☐ Severe
- ☐ Extreme

### 2.Going up or down stairs?

- ☐ None
- ☐ Mild
- ☐ Moderate
- ☐ Severe
- ☐ Extreme

### 3.At night while in bed?

- ☐ None
- ☐ Mild
- ☐ Moderate
- ☐ Severe
- ☐ Extreme

### 4.Sitting or lying?

- ☐ None
- ☐ Mild
- ☐ Moderate
- ☐ Severe
- ☐ Extreme

### 5.Standing upright?

- ☐ None
- ☐ Mild
- ☐ Moderate
- ☐ Severe
- ☐ Extreme

The following 4 questions concern the symptoms that you are currently experiencing in the hip that you are having evaluated today. For each situation, please circle the answer that most accurately reflects the symptoms experienced in the past 48 hours. Please circle one answer that best describes your situation.

## How much trouble do you have with-

### 1.Catching or locking of your hip?

- ☐ None
- ☐ Mild
- ☐ Moderate
- ☐ Severe
- ☐ Extreme

### 2.Your hip giving out on you?

- ☐ None
- ☐ Mild
- ☐ Moderate
- ☐ Severe
- ☐ Extreme

### 3.Stiffness in your hip?

- ☐ None
- ☐ Mild
- ☐ Moderate
- ☐ Severe
- ☐ Extreme

**4. Decreased motion in your hip?**

- ☐ None  
☐ Mild  
☐ Moderate  
☐ Severe  
☐ Extreme

The following 5 questions concern your physical function. For each of the following activities, please circle the response that most accurately reflects the difficulty experienced in the past 48 hours because of your hip pain. Please circle one answer that best describes your situation.

## What degree of difficulty do you have with-

**1. Descending stairs?**

- ☐ None  
☐ Mild  
☐ Moderate  
☐ Severe  
☐ Extreme

**2. Ascending Stairs?**

- ☐ None  
☐ Mild  
☐ Moderate  
☐ Severe  
☐ Extreme

**3. Rising from sitting?**

- ☐ None  
☐ Mild  
☐ Moderate  
☐ Severe  
☐ Extreme

**4. Putting on socks/stockings?**

- ☐ None  
☐ Mild  
☐ Moderate  
☐ Severe  
☐ Extreme

**5. Rising from bed?**

- ☐ None  
☐ Mild  
☐ Moderate  
☐ Severe  
☐ Extreme

The following 6 questions concern your ability to participate in certain types of activities. For each of the following activities, please circle the response that most reflects the difficulty that you have experienced in the past month because of your hip pain. If you do not participate in a certain type of activity, please estimate how your hip would cause you if you had to perform that type of activity. Please circle one answer that best describes your situation.

## How much trouble does your hip cause you when you participate in-

**1. High demand sport involving sprinting or cutting**

(for example football, basketball, tennis and exercise aerobics)

- ☐ None  
☐ Mild  
☐ Moderate  
☐ Severe  
☐ Extreme

**2. Low demand sports (for example golfing and bowling)**

- ☐ None  
☐ Mild  
☐ Moderate  
☐ Severe  
☐ Extreme

**3. Jogging for exercise?**

- ☐ None
- ☐ Mild
- ☐ Moderate
- ☐ Severe
- ☐ Extreme

4. Walking for exercise?

- ☐ None
- ☐ Mild
- ☐ Moderate
- ☐ Severe
- ☐ Extreme

5. Heavy household duties

(for example lifting firewood and moving furniture)?

- ☐ None
- ☐ Mild
- ☐ Moderate
- ☐ Severe
- ☐ Extreme

6. Light household duties

(for example cooking, dusting, vacuuming, and doing laundry)?

- ☐ None
- ☐ Mild
- ☐ Moderate
- ☐ Severe
- ☐ Extreme

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