



**THE NON ARTHROPLASTY HIP SURGERY REGISTER (NAHSR)**  
The British Hip Society, 35-43 Lincoln's Inn Fields, London WC2A 3PN

**Patient Satisfaction Questionnaire:**

**Affix label here:**

Or provide:

Patients name:

Date of Birth:

NHS Number:

Side:      **L**      **R**

Date:

**We would be grateful if you will answer the following Questions:**

**1. How satisfied are you with the outcome of your hip operation?:**

Very Satisfied

Quite Satisfied

Neither satisfied nor dissatisfied

Quite dissatisfied

Very dissatisfied

**2. After your last hip operation did you suffer with a clot in the leg (venous thrombosis) or Pulmonary embolus (clot in lung) diagnosed within 3 months of the operation?**

Venous thrombosis (clot in leg)	Yes	No
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Pulmonary embolus (clot in lung)	Yes	No
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**3. After your last operation did you suffer from any infection?**

Wound infection	Yes	No
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Deep infection of hip joint:	Yes	No
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**4. Did you suffer with any other problems after your hip operation? Please give details below:**

Yes

No

**5. Have you had any other operations on your operated hip joint since?:**

Yes

No

**6. Any other operation information about your hip joint you think might be useful?:**

Yes

No

**Please give any details below:**