

Dr. Eccles' Hip Questionnaire



Name: _____ Age: _____ Side: LEFT ^{circle} RIGHT

1. Duration of pain: _____ weeks/months/years
2. Location of pain: Groin Outside (lateral) Thigh Buttocks Other: _____
3. What activities make your hip pain worse?
Stairs Walking Socks/shoes In/out of car Lying on side Other: _____
4. Circle current medication treatments you are taking for this pain:
Narcotics: Tramadol Hydrocodone Oxycodone Strength _____ x's/day _____
NSAIDs: Ibuprofen (Advil) Celebrex Naproxen (Aleve) Meloxicam (Mobic) Diclofenac (Voltaren)
Tylenol (Acetaminophen)
5. Have you tried formal physical therapy or a self-directed exercise program?..... YES NO
6. Have you ever had an injection in the hip?..... YES NO
If so, when was the last time? _____
7. Have you ever had previous surgery on this hip?..... YES NO
If so, when and what was done? _____
8. Do you have diabetes?..... YES NO
If so, what was your last A1c? _____
9. Do you smoke or use any nicotine?..... YES NO
10. Have you ever had a bad surgical infection (ex. MRSA)?..... YES NO
11. Do you take any blood thinners?..... YES NO
If so, which one? _____
12. Who do you live with? _____
13. What other medical problems do you have? _____