

Dr. DeLuca

HARRIS Hip Score Patient Questionnaire

Name	 	_
Date of Birth		

Today's Date_____

Hip (Please circle): Left Right

Treatment:	Injection	Date	NYP	HSS
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Arthroscopy Date _____ NYP HSS

Pre-op Harris/HOS

Follow-up from date of injection or arthroscopy (Please circle):

6 weeks	3 months	6 months	1 year
2 years	>2 years	please speci	fy:



Sports-Related Hip Questionnaire

If you had a sport-related injury, please read and answer the questions that apply to your injury.

1. If you were going to kick a ball, which leg would you kick with? Left Right

2.	What is your ma	Vhat is your main sport of interest?		
	Running	Basketball	Tennis	Gymnastics
	Soccer	Football	Squash	Cycling
	Baseball	Swimming	Hockey	Dance
	Ballet	Yoga/Pilates	Others:	

- 3. What position do you primarily play when you are participating in your sport?
- 4. What is your level of competition? Recreational High School Collegiate Professional
- 5. What was the sport you were participating in when you felt an injury to your groin?
- Action when injury occurred: Twisting Running Kicking Turning Stopping
 Other:
- 7. Date of injury:



Choose <u>one</u> response that best describes your hip condition within the last week.

Pain

None/Ignores Slight, occasional, no compromise in activity Mild, no effect on ordinary activity, pain after usual activity, uses aspirin Moderate, tolerable, makes concessions, occasional narcotic Marked, serious limitations Totally disabled

Function: Gait

- Limp None Slight Moderate Severe Unable to walk
- Support None Cane for long walks Cane all the time Crutch 2 canes 2 crutches Unable to walk

Distance Walked Unlimited 6 blocks 2 to 3 blocks Indoors only Bed and chair

Functional Activities

<u>Stairs</u>	Socks/Shoes
Can go up/down normally	With ease
Can go up/down normally with banister	With difficulty
Any method	Unable
Not able	

SittingPublic TransportationAny chair, 1 hourAble to enter public transportationHigh chair, ½ hourUnable to use public transportationUnable to sit, ½ hour, any chairSitting