

Hip Questionnaire

(Please answer the following questions before meeting with Dr. Wright)

Name _____ Age: _____

What bothers you most about your hip now? _____

Was there a specific injury to your hip? Yes / No

If so, what was the date of the injury? / /

Briefly describe the mechanism of injury: _____

Did you have any problems with your hip as a child? Yes / No

Does your hip "catch" or "lock"? Yes / No

What makes your hip worse? _____

What makes your hip better? _____

In what specific activities does your hip limit you (or prevent you from doing)? _____

Have you had any of the following treatments for your hip yet?

Physical Therapy:	Yes / No	Did it help?	Yes / No
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Anti-inflammatory pills:	Yes / No	Did they help?	Yes / No
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Which ones: _____

Other treatment (please specify): _____

_____	Did it help?	Yes / No
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