



# DR. ECCLES HIP QUESTIONNAIRE

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Right <sup>circle</sup> Left

1. Duration of pain:    \_\_\_ months    \_\_\_ years
2. Location of pain:    Groin    Outside (lateral)    Thigh    Buttocks    Other: \_\_\_\_\_
3. What activities make your hip pain worse:  
       Stairs    Walking long distances    Socks/shoes    Lying on side    Other: \_\_\_\_\_
4. Have you tried formal physical therapy or a self-directed exercise program?    YES    NO
5. Prior medication treatments you have tried:
 

Narcotics (tramadol/hydrocodone/oxycodone):	YES	NO
NSAIDs (ibuprofen/Celebrex/naproxen/Aleve/meloxicam):	YES	NO
Tylenol (acetaminophen):	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. Who do you live with? \_\_\_\_\_
12. What other medical problems do you have? \_\_\_\_\_