

MODIFIED HARRIS HIP EVALUATION FORM

eform v 3.1

Patient Name: _____

Side: Left
 Right

Patient ID: _____

Date of review: (complete either the date of review or the follow up period below)

Follow up period: Pre Op OR _____ Weeks / Months / Years (add the delay and circle one)

Patients - please place an X in one box on each line to indicate your response to that question.

1. Pain

- None or it can be ignored
- Slight, occasional with no compromise in activities
- Mild pain, no effect on average activities, rarely moderate pain with unusual activities, may take aspirin
- Moderate pain, tolerable but makes concessions to pain. Some limitation of ordinary activity or work. May require occasional pain medicine stronger than aspirin
- Marked pain, serious limitation of activities
- Totally disabled, crippled, pain in bed, bedridden

2. Function - Gait

Limp

- None
- Slight
- Moderate
- Severe
- Unable to walk

Support

- None
- Cane for long walks
- Cane full time
- One crutch
- Two canes
- Two crutches
- Unable to walk

Distance Walked

- Unlimited
- 6 blocks
- 2-3 blocks
- Indoors only
- Confined to bed or chair

3. Function - Activities

Stairs

- Normally without using a railing
- Normally using a railing
- In any manner
- Unable to do stairs

Sitting

- Comfortably on an ordinary chair for one hour
- On a high chair for half an hour
- Unable to sit for half an hour in any chair

Shoes and Socks

- With ease
- With difficulty
- Unable

Public Transportation

- Able to enter public transportation
- Unable to enter public transportation