



Site ID

Patient ID

Date

### Further Procedures Questionnaire

We would like to know about your Left  Right  hip

1.) In the last year have you had treatment from a surgeon for problems with your hip? Yes  No

If **yes**, have you undergone any of the following procedures?

Hip arthroscopy Yes  No

Total hip replacement Yes  No

Other Yes  No

If other, please specify:- .....  
.....

If **yes**, then please specify the following:

Date of operation/procedure .....

Name of hospital .....

Name of treating surgeon .....

2.) In the last year have you had treatment from a Physiotherapist for problems with your hip? Yes  No

If **yes**, please specify the treatment given

Exercises Yes  No

Other Yes  No

If other, please specify:- .....  
.....

3.) In the last year have you had treatment from a specialist other than a surgeon or physiotherapist for your hip? Yes  No

If other, please specify the type of speciality and treatment received:- .....  
.....  
.....

**Thank you for completing the questionnaire  
Please return the questionnaire in the reply-paid envelope.**