

Hip Health History

Please answer all the questions to the best of your ability.

What is your date of birth?

Birth Year

Today's date

Current Age

The calculated age shows that you're not 18 or older.
Please double check the birth date you entered.
Please exit the survey if you're not 18 or older.

Yes, I am not 18 or older.

What is your sex?

Male
 Female

In which country do you currently live?

USA
 Other

Please provide your ZIP code.

Please enter your country of residence.

Which is your preferred unit for weight?

kg
 lb

Current weight

(in kilograms)

Current weight

(in pounds)

Which is your preferred unit for height:

cm
 ft, in

Current height

(1m = 100 cm / 1.67m = 167cm)

Current height

(Feet)

Current height

(Inches)

Total height in inches

Calculated BMI Metric

Calculated BMI USA

Please indicate any of the following conditions for which you have ever received a diagnosis:

- Hypertension
- Diabetes
- Obesity
- Bleeding or clotting disorders
- Genetic disorder of bone or connective tissue
- Hip Dysplasia
- Other
- None of the above

Other condition: Please describe

Please tell us about your childhood Perthes experience.

Which hip was affected by Perthes?

- Left hip
- Right hip
- Both hips

At approximately what age did you start having Perthes symptoms (ex: pain, limping, etc.) on your LEFT hip?

- Before I turned 6 years old
- Between 6 and 7 years old
- Between 8 and 11 years old
- After I turned 11 years old
- Not sure

At approximately what age did you start having Perthes symptoms (ex: pain, limping, etc.) on your RIGHT hip?

- Before I turned 6 years old
- Between 6 and 7 years old
- Between 8 and 11 years old
- After I turned 11 years old
- Not sure

Please indicate how you were treated for Perthes. Mark all that apply:

- Surgery, Left hip
- Surgery, Right hip
- Bracing (plastic device that holds leg in hip socket to prevent excessive motion)
- Casting (plaster shell that holds leg in hip socket, ex: petrie or spica)
- Weight-bearing restrictions (ex: partial weight, no weight)
- Activity restrictions (ex: no running, jumping)
- Physical Therapy
- Use of walking device (wheelchair, walker, crutches, etc.)
- I was not treated for my Perthes
- Other treatment or surgery
- Do not remember

Please describe other treatment or surgery and which hip was affected.

How many TOTAL SURGERIES did you have on your affected hips before turning 18?

(number)

In which country were you treated for Perthes as a child?

- USA
 Other

Other country:

Do you have a family member related by blood who was diagnosed with Perthes?

- Yes
 No
 (For example, sister, grandfather, nieces & nephews are blood relatives. Anyone who marries into your family is not blood relative.)

How are they related to you?

Please answer the following questions about your hip health as an adult.

Have you had any hip treatment, including surgery, as an adult (over 18 years old)?

- Yes, on Left hip
 Yes, on Right hip
 Yes, on both hips
 Don't know
 No hip treatment as an adult

Please indicate any of the LEFT hip treatments you have had as an adult:

- Hip surgery (do not know what it was called)
 Hip Arthroscopy, aka "Scope"
 Periacetabular Osteotomy, aka "Bernese"
 Surgical Hip Dislocation
 Total Hip Replacement (THR)
 Resurfacing
 Physical Therapy
 Other

Other: Please describe other treatments you had on your LEFT hip as an adult.

What year was your total hip replacement on the LEFT side?

Age at Left-sided total hip replacement

Please identify any complications that occurred after your LEFT total hip replacement.

- Infection not requiring surgery
 Infection requiring removal of artificial hip
 Loosening not requiring surgery
 Loosening requiring revision surgery
 Hip dislocation not requiring revision surgery
 Hip dislocation requiring revision surgery
 Wearing out of artificial hip
 Fracture around the hip replacement
 Other
 None

Other: Please describe the other complication after LEFT total hip replacement

Please indicate any of the RIGHT hip treatments you have had as an adult:

- Hip surgery (do not know what it was called)
 Hip Arthroscopy, aka "scope"
 Periacetabular Osteotomy, aka "Bernese"
 Surgical Hip Dislocation
 Total Hip Replacement (THR)
 Resurfacing
 Physical Therapy
 Other

Other: Please describe other treatments you had on your RIGHT hip as an adult.

What year was your total hip replacement on the RIGHT side?

Age at Right-sided total hip replacement

Please identify any complications that occurred after your RIGHT total hip replacement.

- Infection not requiring surgery
 Infection requiring removal of artificial hip
 Loosening not requiring surgery
 Loosening requiring revision surgery
 Hip dislocation not requiring revision surgery
 Hip dislocation requiring revision surgery
 Wearing out of artificial hip
 Fracture around the hip replacement
 Other
 None

Other: Please describe the other complication after RIGHT total hip replacement

How many TOTAL SURGERIES have you had on your affected hips since turning 18?

_____ (number)

Comments regarding surgeries:

_____ (Optional)

Do you anticipate requiring surgery or revision in the future?

- No
 Yes
 Not sure

What is the reason for your anticipated surgery?

- Total hip replacement
 Revision of hip replacement
 Other

Other (Please describe)

Would you recommend hip replacement surgery for a teenager?

- Definitely do not recommend
 Do not recommend
 Neutral
 Recommend
 Highly recommend

Why?
