

## Young Adult Hip questionnaire

Dear valued patient,

At the Royal National Orthopaedic Hospital we are proud to provide a specialist orthopaedic service to our patients. Nationally the proportion of all patients that undergo Total Hip Replacement (THR) under the age of 50 is very small, however, it represents 30% of our workload annually.

We are writing to you as a patient who has undergone Total Hip Replacement surgery at Stanmore whilst under the age of 50. We want to understand more about your experience before your surgery, during your hospital stay and following your surgery. With this information we can educate clinicians, patients and also use this to focus future areas of research.

We would be most grateful if you could complete the following questionnaire.

Yours sincerely

The Young Adult Hip Research Team

## **Before your THR Surgery**

<b>1. Which of the following categories best describes your employment status 3 months before your THR?</b>	<b>Please choose</b>
Employed, working 40 hours or more a week	<input type="checkbox"/>
Employed, working 1-39 hours per week	<input type="checkbox"/>
Self- employed	<input type="checkbox"/>
Looking after dependants	<input type="checkbox"/>
Not employed, looking for work	<input type="checkbox"/>
Not employed, not looking for work	<input type="checkbox"/>
Retired	<input type="checkbox"/>
Full time education	<input type="checkbox"/>
Part time education	<input type="checkbox"/>
Unable to work	<input type="checkbox"/>
<b>Please provide details of your occupation:</b>	

<b>2. Did you use any of the following mobility aids 3 months before your THR?</b>	<b>Please choose</b>
1 stick	<input type="checkbox"/>
2 sticks	<input type="checkbox"/>
1 crutch	<input type="checkbox"/>
2 crutches	<input type="checkbox"/>
Walking frame	<input type="checkbox"/>
Wheelchair	<input type="checkbox"/>
<b>Other- please provide details:</b>	

3. Did you take any of the following pain relief 3 months before your THR?	Please choose
Simple pain relief (Paracetamol/Ibuprofen)	<input type="checkbox"/>
Co-codamol	<input type="checkbox"/>
Tramadol	<input type="checkbox"/>
Patches eg fentanyl, butrans	<input type="checkbox"/>
<b>Other- please provide details:</b>	

4. Were you able to take part in exercise 3 months before your THR?	Please choose
Yes- as much as I would like	<input type="checkbox"/>
Yes- somewhat less than I would like	<input type="checkbox"/>
Yes- significantly less than I would like	<input type="checkbox"/>
No- I was unable to exercise	<input type="checkbox"/>
<b>Please provide details:</b>	

5. Did your hip problem affect your ability to perform sexual relations as you would like 3 months before your THR?	Please choose
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Not applicable	<input type="checkbox"/>

6. Did you take part in any prehab (therapy) before your THR?	Please choose
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

If yes- please provide details:

--

<b>7. If you did take part in any prehab before your THR- how important was this in your recovery following your THR?</b>	Not at all important	Slightly important	Somewhat important	Quite important	Extremely important
Please choose:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## During your hospital stay

<b>8. How confident were you to engage with therapy and walking following your THR?</b>	Not at all confident	Slightly confident	Somewhat confident	Quite confident	Extremely confident
Please choose:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>9. How confident were you to be discharged home following your THR with appropriate support and modifications being put in place?</b>	Not at all confident	Slightly confident	Somewhat confident	Quite confident	Extremely confident
Please choose:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>10. On discharge following your THR did you feel confident that you had information to contact the team if you needed to ask for help or support?</b>	Not at all confident	Slightly confident	Somewhat confident	Quite confident	Extremely confident
Please choose:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>11. Do you feel that you stayed in hospital for the right amount of time for your individual needs?</b>	Please choose
--	---------------

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
<b>If no- please provide details:</b>	

## **Following your THR surgery**

<b>12. Have you been able to return to the same level of work as you were doing before your hip became a problem?</b>	<b>Please choose</b>
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
<b>If no- please provide details:</b>	

<b>13. How long did it take for you to return to the same level of work as you were doing before your hip became a problem?</b>	<b>Please choose</b>
Within 6 weeks	<input type="checkbox"/>
Within 12 weeks	<input type="checkbox"/>
Within 6 months	<input type="checkbox"/>
Within 9 months	<input type="checkbox"/>
Within 12 months	<input type="checkbox"/>
<b>Other- please provide details:</b>	

<b>14. If you drove before your THR surgery how long before you were able to return to driving?</b>	<b>Please choose</b>
4-6 weeks	<input type="checkbox"/>
6-8 weeks	<input type="checkbox"/>

8-10 weeks	<input type="checkbox"/>
10-12 weeks	<input type="checkbox"/>
Not applicable	<input type="checkbox"/>
<b>Other- please provide details:</b>	

<b>15. How long did it take before you felt comfortable to be able to sleep on the operated hip following your THR?</b>	<b>Please choose</b>
4-6 weeks	<input type="checkbox"/>
6-8 weeks	<input type="checkbox"/>
8-10 weeks	<input type="checkbox"/>
10-12 weeks	<input type="checkbox"/>
Not applicable	<input type="checkbox"/>
<b>Other- please provide details:</b>	

<b>16. How long did it take for you to return to the same level of mobility as before your hip became a problem?</b>	<b>Please choose</b>
4-6 weeks	<input type="checkbox"/>
6-9 weeks	<input type="checkbox"/>
8-10 weeks	<input type="checkbox"/>
10-12 weeks	<input type="checkbox"/>
<b>Other- please provide details:</b>	

<b>17. How long did you need to take pain relief following your THR?</b>	<b>Please choose</b>
--	----------------------

4-6 weeks	<input type="checkbox"/>
6-8 weeks	<input type="checkbox"/>
8-10 weeks	<input type="checkbox"/>
10-12 weeks	<input type="checkbox"/>
<b>Other- please provide details:</b>	

<b>18. How long did it take for you to return to the same level of exercise as you were doing before your hip became a problem?</b>	<b>Please choose</b>
Within 6 weeks	<input type="checkbox"/>
Within 12 weeks	<input type="checkbox"/>
Within 6 months	<input type="checkbox"/>
Within 9 months	<input type="checkbox"/>
Within 12 months	<input type="checkbox"/>
<b>Other- please provide details:</b>	

<b>19. Were you able to resume sexual relations when you wanted to?</b>	<b>Please choose</b>
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Not applicable	<input type="checkbox"/>
<b>Were there any limitations or anything that concerned you? If so please provide details:</b>	

<b>20. Did you have any therapy on leaving the hospital?</b>	<b>Please choose</b>
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
<b>Please provide details:</b>	

--

<b>21. If you did have therapy on leaving the hospital following your THR- how important was this in your recovery and achieving your goals?</b>	<b>Not at all important</b>	<b>Slightly important</b>	<b>Somewhat important</b>	<b>Quite important</b>	<b>Extremely important</b>
<b>Please choose:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>22. How satisfied are you with the outcome of your THR?</b>	<b>Not at all satisfied</b>	<b>Slightly satisfied</b>	<b>Somewhat satisfied</b>	<b>Quite satisfied</b>	<b>Extremely satisfied</b>
<b>Please choose:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>23. Has your THR met your expectations?</b>	<b>Please choose</b>
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
<b>Please provide details:</b>	

<b>24. If you had any advice for medical professionals regarding young patients undergoing total hip replacements, what would it be?</b>
<b>Please provide details:</b>



**25. If you had any advice for a young person who is due to undergo a THR what would it be?**

**Please provide details:**

**26. If you had any advice for the family, friends or support network of a young person who is due to undergo a THR what would it be?**

**Please provide details:**

**27. Would you be willing to undertake a short telephone or face to face interview with a clinician to further explore the themes of this questionnaire to further improve our care for young patients undergoing THR surgery?**

**Please choose**

No

Yes

Face to  
face

Telephone