

Tri-County Orthopedic & Sports Medicine
Arthritis & Joint Replacement Risk Questionnaire

- | Yes | No | |
|-----------|-------|--|
| | | Family History: |
| 1. _____ | _____ | Do you have a close relative (mother, father, grandparent) with a history of arthritis or joint replacement? |
| | | Medical History: |
| 2. _____ | _____ | Have you experienced any injury to your hips or knees? |
| 3. _____ | _____ | Have you ever had x-rays or surgery on your joints? |
| 4. _____ | _____ | Has a doctor ever told you that you have arthritis? |
| | | Swelling/Stiffness: |
| 5. _____ | _____ | Do your joints swell after prolonged activities? |
| 6. _____ | _____ | Do you experience stiffness in your hips or knees in the morning or after rest? |
| | | Pain: |
| 7. _____ | _____ | Do you find yourself restricting activities due to pain in your hips or knees? |
| 8. _____ | _____ | Are you limited to walking 15 minutes or less because of joint pain? |
| 9. _____ | _____ | Do you experience pain in your knees or hips when you tie your shoes? |
| | | Weight: |
| 10. _____ | _____ | Do you weigh more than the recommended weight for your height and age? |
| | | Stability/Balance: |
| 11. _____ | _____ | Do you need the support of a cane or walker because of decreased balance? |
| 12. _____ | _____ | Do you experience a sense that your knee will "give way"? |
| | | Mobility: |
| 13. _____ | _____ | Do you need the support of a railing when climbing or descending stairs? |
| 14. _____ | _____ | Do you need assistance getting out of a chair? |
| 15. _____ | _____ | Do you need assistance getting up from the floor? |

If you answered "yes" to more than 8 of these questions, you may be at risk for arthritis and may be a candidate for total joint replacement.