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.