

Hip and Thigh Pain Form



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RIGHT	LEFT	
Does your Hip hurt?	□Yes □No	□Yes □No
Does your thigh hurt?	□Yes □No	□Yes □No
When did the problem start?		
Did you have an injury?	□Yes □No	□Yes □No
If yes, what injury did you have?		
Where is the pain?	□Outside □Front □Back	\Box Outside \Box Front \Box Back
What does the pain feel like?	□ Dull □Sharp □Burning	□ Dull □Sharp □Burning
Is the pain?	Constant Intermittent	Constant Intermittent
What makes it worse?	□Movement □Keeping Still	□Movement □Keeping Still
How bad is the Pain	None 0 12 3 4 5 6 7 8 9 10	None 0 12 3 4 5 6 7 8 9 10
	Worst Possible	Worst Possible
Did you hurt yourself at work?	□Yes □No	□Yes □No
Are you involved in litigation?	□Yes □No	□Yes □No