Please complete the following questionnaire.

Follow-Up Form

Date of Surgery:

How far or how long are you walking?

Are you using any devices to assist with walking? If so, what are you using?

Have you returned to driving? (circle)	YES	NO
Are you working with physical therapy? (circle)	YES	NO
Are you back to work? (circle)	YES	NO
Can you go up and down stairs? (circle)	YES	NO
Are you back to recreation or exercise? (circle)	YES	NO

Pain Assessment

Please circle your pain using the scale below, where 0 is “No Pain” and 10 is “Worst Pain”.

0 1 2 3 4 5 6 7 8 9 10

Pain Medications

Which of the following pain medications are you taking regularly:

- ☐ Tylenol
- ☐ Meloxicam
- ☐ Pregabalin / Gabapentin
- ☐ Journavx
- ☐ Tramadol
- ☐ Oxycodone
- ☐ Advil

Patient Signature **Date**

DR ANDREW YUN
CLINICAL PROFESSOR OF ORTHOPAEDIC SURGERY
CENTER FOR HIP & KNEE REPLACEMENT
FOLLOW UP PATIENT QUESTIONNAIRE

PATIENT ID

WHITE - MEDICAL RECORD