

Knee & Hip HRA Questions



Questions	Potential Answers	Customization Info
Name & User Type Options	Myself Caregiver	Required - can customize whether you want to present caregiver field. Can also customize Page Introduction text, Myself selected text, and Someone Else selected text if applicable.
Email Address		Optional - can toggle off email capture. Can also customize the page introduction text on this page.
Sex	Male Female	Required & Not Customizable
Height		Required & Not Customizable
Weight		Required - can customize whether you want BMI calculation shown on screen or not to participant
Gender Pronouns Display & Text		Optional - be default this question is hidden
Ethnicity (Always available)	White Black or African American Hispanic or Latino Asian American Indian or Alaska Native Native Hawaiian or Other Pacific Islander Other Unknown/no answer	Required - can customize the page introduction text that reads by default 'Methodologies for preventative screenings are determined, in part, by sex at birth, age, and ethnicity. Please provide the following information to increase the accuracy of your assessment.'
Race (Only populated if Detailed Race/Ethnic Origin option selected)	White Black or African American Asian American Indian or Alaska Native Native Hawaiian or Other Pacific Islander Other Unknown/no answer	Optional additional question
Ethnic Origin (Only populated if Detailed Race/Ethnic Origin option selected)	Not Hispanic or Latino Hispanic or Latino Unknown/no answer	Optional additional question
In a typical week, what types of physical activity do you engage in? Check all that apply.	Moderate activity (examples) Vigorous activity (examples) None of these	Required and not customizable
Describe your moderate activity in a typical week.	x minutes per day x days a week	Required - can customize text in parentheses - default is '(walking, biking, active yoga, dancing, recreational
Describe your vigorous activity in a typical week.	x minutes per day x days a week	Required - can customize text in parentheses - default is '(running, hiking uphill, singles tennis, swimming
Do you have a (primary care name)? Default: primary care physician	(Not answered) Yes No I don't know	Required - can customize the wording of PCP ex/ 'primary care provider' vs 'primary care physician'
Do you have a (specialist name)? Default: orthopedic specialist	(Not answered) Yes No I don't know	Optional additional question
Is your provider part of {ORGANIZATION_NAME}?	No Yes (not answered)	Optional additional question
Provider Name {label is customizable}	Provider Name	Optional additional question
Is your provider part of {ORGANIZATION_NAME}?	No Yes (not answered)	Optional additional question
Provider Name {label is customizable}	Physician Name	Optional additional question
Which joint would you like to assess?	Left knee Right knee Left hip Right hip (not answered)	Required and not customizable
How would you describe the pain you usually have in your knee?	None Very mild Mild Moderate Severe (not answered)	Required and not customizable
How would you describe the pain you usually have in your hip?	None Very mild Mild Moderate Severe (not answered)	Required and not customizable
Have you been troubled by pain from your knee in bed at night?	No nights Only one or two nights Some nights Most nights Every night (not answered)	Required and not customizable
Have you been troubled by pain from your hip in bed at night?	No nights Only one or two nights Some nights Most nights Every night (not answered)	Required and not customizable
How much has pain from your knee interfered with your usual work? (including housework)	Not at all	Required and not customizable

	A little bit Moderately Greatly Totally (not answered)	
How much has pain from your hip interfered with your usual work ? (including housework)	Not at all A little bit Moderately Greatly Totally (not answered)	Required and not customizable
Have you been limping when walking, because of your knee?	Rarely or never Sometimes or just at first Often, not just at first Most of the time All of the time (not answered)	Required and not customizable
Have you been limping when walking, because of your hip	Rarely or never Sometimes or just at first Often, not just at first Most of the time All of the time (not answered)	Required and not customizable
After a meal (sat at a table), how painful has it been for you to stand up from a chair because of your knee?	Not at all painful Slightly painful Moderately painful Very painful Unbearable (not answered)	Required and not customizable
After a meal (sat at a table), how painful has it been for you to stand up from a chair because of your hip?	Not at all painful Slightly painful Moderately painful Very painful Unbearable (not answered)	Required and not customizable
Can you do household shopping on your own?	Yes, easily With little difficulty With moderate difficulty With extreme difficulty No, impossible (not answered)	Required and not customizable
Can you do household shopping on your own?	Yes, easily With little difficulty With moderate difficulty With extreme difficulty No, impossible (not answered)	Required and not customizable
For how long are you able to walk before the pain in your hip becomes severe? (with or without a cane)	30 minutes or more (no pain) 16 to 30 minutes 5 to 15 minutes Around the house only Not at all (not answered)	Required and not customizable
For how long are you able to walk before the pain in your knee becomes severe? (with or without a cane)	60 minutes or more (no pain) 16 to 60 minutes 5 to 15 minutes Around the house only Not at all (not answered)	Required and not customizable
Have you had any trouble getting in and out of a car or using public transportation because of your knee? (whichever you tend to use)	No trouble at all Very little trouble Moderate trouble Extreme difficulty Impossible to do (not answered)	Required and not customizable
Have you had any trouble getting in and out of a car or using public transportation because of your hip? (whichever you tend to use)	No trouble at all Very little trouble Moderate trouble Extreme difficulty Impossible to do (not answered)	Required and not customizable
Have you had any trouble washing and drying yourself (all over) because of your knee?	No trouble at all Very little trouble Moderate trouble Extreme difficulty Impossible to do (not answered)	Required and not customizable
Have you had any trouble washing and drying yourself (all over) because of your hip?	No trouble at all Very little trouble Moderate trouble Extreme difficulty Impossible to do (not answered)	Required and not customizable
Can you walk down a flight of stairs?	Yes, easily With little difficulty With moderate difficulty With extreme difficulty No, impossible	Required and not customizable

	(not answered)	
Have you been able to climb a flight of stairs?	Yes, easily With little difficulty With moderate difficulty With extreme difficulty No, impossible (not answered)	Required and not customizable
Have you felt that your knee might suddenly "give away" or let you down?	Rarely or never Sometimes or just at first Often, not just at first Most of the time All of the time (not answered)	Required and not customizable
Can you kneel down and get up again afterwards?	Yes, easily With little difficulty With moderate difficulty With extreme difficulty No, impossible (not answered)	Required and not customizable
Have you had any sudden, severe pain from your hip? (shooting or stabbing pain, or spasms)	No days Only 1 or 2 days Some days Most days Every day (not answered)	Required and not customizable
Have you been able to put on a pair of socks, stockings, or tights?	Yes, easily With little difficulty With moderate difficulty With extreme difficulty No, impossible (not answered)	Required and not customizable