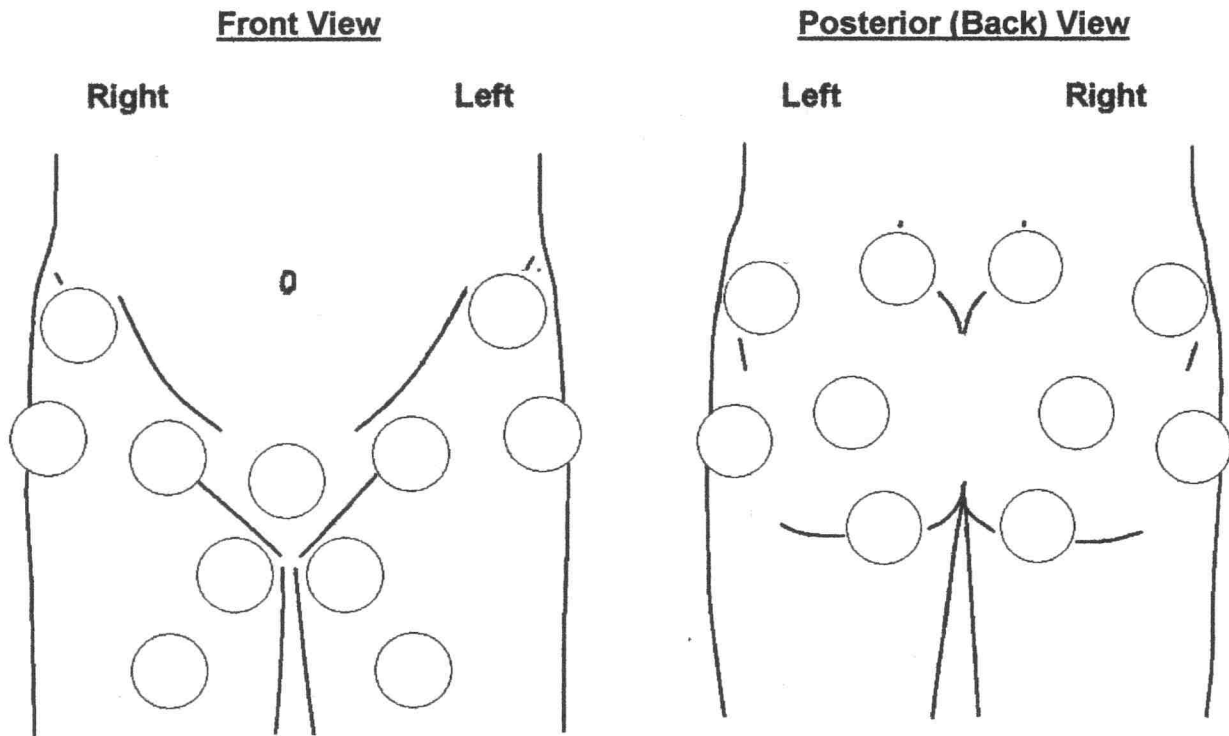


# Hip Pain Visual Survey

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
MRN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place an "X" in ALL of the circles where you are *now* experiencing your "hip" pain.



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(Official use only below this line)

**Survey Context:**

- clinic evaluation
- immediately pre iliopsoas bursa Injection
- immediately post iliopsoas bursa injection (1st 1-2 hours)
- clinic visit after bursa injection
- immediately pre hip arthrogram or hip anesthetic injection
- immediately post hip arthrogram (1st 1-2 hours)
- post-op clinic evaluation

Which side, if any, was injected

- Right
- Left