

# Risk Assessment Questionnaire for Arthritis and Joint Replacement

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.*

*Visit [inova.org/findaphysician](http://inova.org/findaphysician) or call 1-855-694-6682 to find an orthopedic/joint replacement specialist.*