

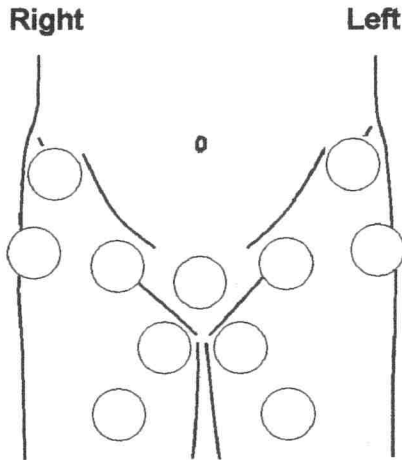
## Hip Pain Visual Survey (Before and After Injection)

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

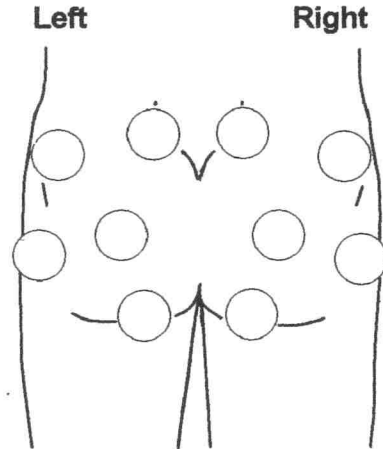
**Before injection:**

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

**Front View**



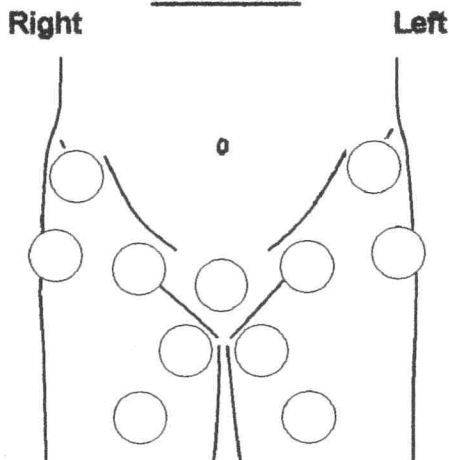
**Posterior (Back) View**



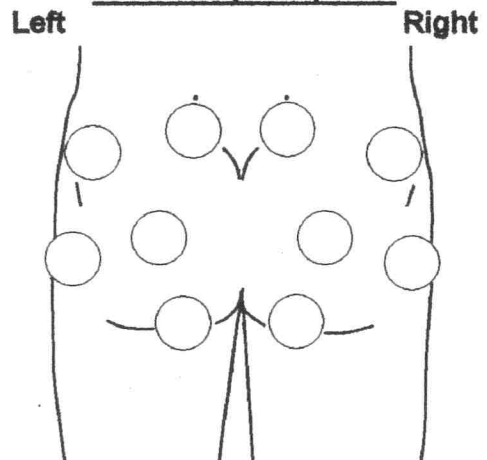
**Within 30 minutes after injection:**

Place an "X" in ALL of the circles where you are *now* experiencing your "hip" pain.  
 (Fill out the section below between 10 and 30 minutes *after* your injection and going through the motions that previously aggravated your symptoms)

**Front View**



**Posterior (Back) View**



(Official use only below)

Side:  Right  Left

Procedure:

- iliopsoas bursa Injection
- hip arthrogram or hip anesthetic injection