

1. PLEASE PRINT YOUR FIRST AND LAST NAME _____
2. In the healthy period prior to your hip injury was cycling part of your exercise routine? _____
3. Was it stationary or mobile biking/cycling _____
4. Prior to surgery how many miles per week would you cycle/bike _____
5. Does biking/cycling serve as a means of transportation?
 - A. Yes
 - B. no
6. In the immediate period prior to surgery were you able to cycle/bike at your usual pace
 - A. Yes
 - B. no
7. If you could not cycle/bike at your usual pace why?
 - A. Pain or discomfort
 - b. Loss of interest
 - c. Other physical limitation _____
8. If you decreased/discontinued cycling/biking, for how long prior to surgery (in months)
9. How long (in months) did it take before you could bike/cycle with minimal pain after surgery?
10. What ability level have you returned to currently
 - A. Better
 - B. Same level (prior to pain and symptoms
 - C. Lower level
11. How many miles per week do you bike/cycle currently (after surgery)?
12. If you have either not returned to cycling/biking or have decreased the hours please rank the following from 1- (not at all a factor) to 10- (extremely important factor) as to why you changed your cycling habits: (you may type in the reasons too)
 - Pain or discomfort 1-10
 - Fear of re-injury 1-10
 - Loss of interest 1-10
 - Other physical limitation (injury or decreased conditioning) 1-10
 - Availability of resources 1-10
13. On a scale of 0-10 can you say your quality of life has improved since surgery
14. On a scale of 1-10, since surgery can you say your pre-surgery expectations were met
15. Since surgery have you accomplished as much as you would like in terms of participating in your hobbies
16. On a scale of 1-10, rate your satisfaction with your surgery