

Directions

- Use a #2 soft pencil for marking.
- Answer all questions unless otherwise indicated.
- Completely fill in boxes to record answers.

Side

- Right Left

Question types

- only 1 answer allowed
 multiple answers allowed

Internal Use Only
Not read by scanner

Last name		Official first name		Gender
Street		M.R.N. (internal)		
Country code	Zip code	City		
Social security number (ADI no.)		Birthdate (DD.MM.YYYY)		
Last name at birth		Place of birth	Country of birth	

Mandatory information Optional but recommended (implant tracking*)

Follow-up

Follow-up status

- | | |
|--|---|
| <input type="checkbox"/> follow-up performed | <input type="checkbox"/> change of treating physician |
| <input type="checkbox"/> patient unable to present, x-rays available | <input type="checkbox"/> patient cannot be located |
| <input type="checkbox"/> patient unable to present | <input type="checkbox"/> patient died |
| <input type="checkbox"/> patient refused follow-up | |

Year of death

- | | | | | | |
|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> 2015 | <input type="checkbox"/> 2017 | <input type="checkbox"/> 2019 | <input type="checkbox"/> 2021 | <input type="checkbox"/> 2023 | <input type="checkbox"/> 2025 |
| <input type="checkbox"/> 2016 | <input type="checkbox"/> 2018 | <input type="checkbox"/> 2020 | <input type="checkbox"/> 2022 | <input type="checkbox"/> 2024 | <input type="checkbox"/> 2026 |

Follow-up date

- Day 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
- Month 1 2 3 4 5 6 7 8 9 10 11 12 Year 5 6 7 8 9 10 11 12 13 14 15 16 17

Number of hip arthroplasties on examined side

- 1 2 3 4 5 6 6

Examination interval after surgery

Please provide the number of arthroplasties and the examination interval even in the event of death.

- | | | | | |
|-----------------------------------|----------------------------------|----------------------------------|-----------------------------------|---|
| <input type="checkbox"/> 6 weeks | <input type="checkbox"/> 1 year | <input type="checkbox"/> 5 years | <input type="checkbox"/> 9 years | <input type="checkbox"/> 13 years |
| <input type="checkbox"/> 3 months | <input type="checkbox"/> 2 years | <input type="checkbox"/> 6 years | <input type="checkbox"/> 10 years | <input type="checkbox"/> 14 years |
| <input type="checkbox"/> 6 months | <input type="checkbox"/> 3 years | <input type="checkbox"/> 7 years | <input type="checkbox"/> 11 years | <input type="checkbox"/> 15 years |
| <input type="checkbox"/> 9 months | <input type="checkbox"/> 4 years | <input type="checkbox"/> 8 years | <input type="checkbox"/> 12 years | <input type="checkbox"/> >15 years..... |

EVALUATION AND PROCEDURE

Radiographic/clinical examination

Acetabular component

- no acetabular component(s)
 no loosening
 possible loosening
 probable loosening
 definitive loosening

Femoral component

- no loosening
 possible loosening
 probable loosening
 definitive loosening

Infection

- none
 suspected
 definitive

Patient satisfaction

- excellent
 good
 fair
 poor

Decision

- no further follow-up
 further follow-up
 reoperation/revision foreseen

Always answer this question except in the event of death.

***Implant tracking:**

To have the possibility of an implant tracking across institutions, and to achieve the highest-possible accuracy when merging the anonymized data, multiple hashcodes (irreversible encryption) are generated. All sensitive data like patient, physician or clinic related information remain stored on a separate server in a protected environment. No sensitive data are transferred to the central server, only their neutralized unique keys. The social security number (national insurance number) is not saved. It is just used to generate a hashcode combined with a so called salt-appendix. This procedure makes it impossible to link the data with other external data collections.

Surgeon:

Comments: _____

