



## Hip disability and Osteoarthritis Outcome Score (HOOS)

Patient's name (or ref) .....

**INSTRUCTIONS:** This survey asks for your view about your hip. This information will help us keep track of how you feel about your hip and how well you are able to do your usual activities.

**Answer every question by ticking the appropriate box. If you are unsure about how to answer a question, please give the best answer you can.**

### Symptoms - These questions should be answered thinking of your hip symptoms during the **last week**.

S1. Do you feel grinding, hear clicking or any other type of noise from you hip?

- Never
  Rarely
  Sometimes
  Often
  Always

S2. Difficulties spreading legs wide apart

- None
  Mild
  Moderate
  Severe
  Extreme

S3. Difficulties to stride out when walking

- None
  Mild
  Moderate
  Severe
  Extreme

### Stiffness - The following questions concern the amount of joint stiffness you have experienced during the **last week** in your hip. Stiffness is a sensation of restriction or slowness in the ease with which you move your hip joint.

S4. How severe is your hip joint stiffness after first wakening in the morning?

- None
  Mild
  Moderate
  Severe
  Extreme

S5. How severe is your hip stiffness after sitting, lying or resting **later in the day**?

- None
  Mild
  Moderate
  Severe
  Extreme

Subtotal:

### Pain

P1. How often is your hip painful?

- Never
  Monthly
  Weekly
  Daily
  Always

What amount of hip pain have you experienced the **last week** during the following activities?

P2. Straightening your hip fully

- None
  Mild
  Moderate
  Severe
  Extreme

P3. Bending your hip fully

- None
  Mild
  Moderate
  Severe
  Extreme

P4. Walking on flat surface

- None
  Mild
  Moderate
  Severe
  Extreme

P5. Going up or down stairs

- None
  Mild
  Moderate
  Severe
  Extreme

P6. At night while in bed

- None
  Mild
  Moderate
  Severe
  Extreme

P7. Sitting or lying

- None
  Mild
  Moderate
  Severe
  Extreme

P8. Standing upright

- None
  Mild
  Moderate
  Severe
  Extreme

P9. Walking on a hard surface (asphalt, concrete, etc)

None       Mild       Moderate       Severe       Extreme

P10. Walking on an uneven surface

None       Mild       Moderate       Severe       Extreme

Subtotal:

**Function, daily living** - The following questions concern your physical function. By this we mean your ability to move around and to look after yourself. For each of the following activities please indicate the degree of difficulty you have experienced in the **last week** due to your hip.

A1. Descending stairs

None       Mild       Moderate       Severe       Extreme

A2. Ascending stairs

None       Mild       Moderate       Severe       Extreme

A3. Rising from sitting

None       Mild       Moderate       Severe       Extreme

A4. Standing

None       Mild       Moderate       Severe       Extreme

A5. Bending to floor/pick up an object

None       Mild       Moderate       Severe       Extreme

A6. Walking on flat surface

None       Mild       Moderate       Severe       Extreme

A7. Getting in/out of car

None       Mild       Moderate       Severe       Extreme

A8. Going shopping

None       Mild       Moderate       Severe       Extreme

A9. Putting on socks/stockings

None       Mild       Moderate       Severe       Extreme

A10. Rising from bed

None       Mild       Moderate       Severe       Extreme

A11. Taking off socks/stockings

None       Mild       Moderate       Severe       Extreme

A12. Lying in bed (turning over, maintaining hip position)

None       Mild       Moderate       Severe       Extreme

A13. Getting in/out of bath

None       Mild       Moderate       Severe       Extreme

A14. Sitting

None       Mild       Moderate       Severe       Extreme

A15. Getting on/off toilet

None       Mild       Moderate       Severe       Extreme

A16. Heavy domestic duties (moving heavy boxes, scrubbing floors, etc)

None       Mild       Moderate       Severe       Extreme

A17. Light domestic duties (cooking, dusting, etc)

None       Mild       Moderate       Severe       Extreme

Subtotal:

**Function, sports and recreational activities** - The following questions concern your physical function when being active on a higher level. The questions should be answered thinking of what degree of difficulty you have experienced

during the **last week** due to your hip.

SP1. Squatting

- None       Mild       Moderate       Severe       Extreme

SP2. Running

- None       Mild       Moderate       Severe       Extreme

SP3. Twisting/pivoting on your injured knee

- None       Mild       Moderate       Severe       Extreme

SP4. Walking on uneven surface

- None       Mild       Moderate       Severe       Extreme

Subtotal:

## Quality of Life

Q1. How often are you aware of your hip problem?

- Never       Monthly       Weekly       Daily       Constantly

Q2. Have you modified your life style to avoid potentially damaging activities to your hip?

- Not at all       Mildly       Moderately       Severely       Totally

Q3. How much are you troubled with lack of confidence in your hip?

- Not at all       Mildly       Moderately       Severely       Extremely

Q4. In general, how much difficulty do you have with your hip?

- None       Mild       Moderate       Severe       Extreme

Subtotal:

**Thank you very much for completing all the questions in this questionnaire.**

**The HOOS Hip Survey Score is**