## Hip Disability and Osteoarthritis Outcome Score (HOOS)

**Clinician's name (or ref)_____________________________ 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 your 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**
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

A2. Ascending stairs

A3. Rising from sitting

A4. Standing

A5. Bending to floor/pick up an object

A6. Walking on flat surface

A7. Getting in/out of car

A8. Going shopping

A9. Putting on socks/stockings

A10. Rising from bed

A11. Taking off socks/stockings

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

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 lifestyle 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 ____________