**Hip disability and Osteoarthritis Outcome Score (HOOS) Survey**

**Patient Name:** ___________________________  **Patient MRN:** ___________________________

**Date:** ___________________________  **Affected Hip:**  R  L  (Circle One)

**Instructions:**
This survey asks for your opinion about your hip and helps us understand how well you are able to complete your usual activities. Answer each question by ticking the appropriate box (only one box for each question). If you are uncertain about how to answer a question, please give the best answer you can.

**I. Symptoms**
Answer these questions thinking of your hip symptoms and difficulties in the **last week**.

S1. Do you feel grinding, hear clicking, or any other type of noise from your hip?
- Never (+0)
- Rarely (+1)
- Sometimes (+2)
- Often (+3)
- Always (+4)

S2. Difficulties spreading legs wide apart
- None (+0)
- Mild (+1)
- Moderate (+2)
- Severe (+3)
- Extreme (+4)

S3. Difficulties to stride out when walking
- None (+0)
- Mild (+1)
- Moderate (+2)
- Severe (+3)
- Extreme (+4)

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 (+0)
- Mild (+1)
- Moderate (+2)
- Severe (+3)
- Extreme (+4)

S5. How severe is your hip stiffness after sitting, lying, or resting later in the day?
- None (+0)
- Mild (+1)
- Moderate (+2)
- Severe (+3)
- Extreme (+4)

**Symptoms Subscale Score:**

\[
100 - \left( \frac{\text{symptoms subscale sum} \times 100}{20} \right) = \underline{______}
\]

**II. Pain**

P1. How often is your hip painful?
- Never (+0)
- Monthly (+1)
- Weekly (+2)
- Daily (+3)
- Always (+4)

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

P2. Straightening your hip fully
- None (+0)
- Mild (+1)
- Moderate (+2)
- Severe (+3)
- Extreme (+4)
P3. Bending your hip fully

☐ None (+0)  ☐ Mild (+1)  ☐ Moderate (+2)  ☐ Severe (+3)  ☐ Extreme (+4)

P4. Walking on a flat surface

☐ None (+0)  ☐ Mild (+1)  ☐ Moderate (+2)  ☐ Severe (+3)  ☐ Extreme (+4)

P5. Going up or down stairs

☐ None (+0)  ☐ Mild (+1)  ☐ Moderate (+2)  ☐ Severe (+3)  ☐ Extreme (+4)

P6. At night while in bed

☐ None (+0)  ☐ Mild (+1)  ☐ Moderate (+2)  ☐ Severe (+3)  ☐ Extreme (+4)

P7. Sitting or lying

☐ None (+0)  ☐ Mild (+1)  ☐ Moderate (+2)  ☐ Severe (+3)  ☐ Extreme (+4)

P8. Standing upright

☐ None (+0)  ☐ Mild (+1)  ☐ Moderate (+2)  ☐ Severe (+3)  ☐ Extreme (+4)

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

☐ None (+0)  ☐ Mild (+1)  ☐ Moderate (+2)  ☐ Severe (+3)  ☐ Extreme (+4)

P10. Walking on an uneven surface

☐ None (+0)  ☐ Mild (+1)  ☐ Moderate (+2)  ☐ Severe (+3)  ☐ Extreme (+4)

Pain Subscale Score: \(100 - \left(\frac{\text{pain subscale sum} \times 100}{40}\right)\) = __________

III. Function, daily living

This section describes 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 (+0)  ☐ Mild (+1)  ☐ Moderate (+2)  ☐ Severe (+3)  ☐ Extreme (+4)

A2. Ascending stairs

☐ None (+0)  ☐ Mild (+1)  ☐ Moderate (+2)  ☐ Severe (+3)  ☐ Extreme (+4)

A3. Rising from sitting

☐ None (+0)  ☐ Mild (+1)  ☐ Moderate (+2)  ☐ Severe (+3)  ☐ Extreme (+4)
<table>
<thead>
<tr>
<th>Activity</th>
<th>None (+0)</th>
<th>Mild (+1)</th>
<th>Moderate (+2)</th>
<th>Severe (+3)</th>
<th>Extreme (+4)</th>
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<tbody>
<tr>
<td>A4. Standing</td>
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<td>Bending to the floor/pick up an object</td>
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<td>A6. Walking on a flat surface</td>
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<td>A7. Getting in/out of car</td>
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<td>A8. Going shopping</td>
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<td>A9. Putting on socks/stockings</td>
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<td>A10. Rising from bed</td>
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<td>A11. Taking off socks/stockings</td>
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<td>A12. Lying in bed (turning over, maintaining hip position)</td>
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<td>A13. Getting in/out of bath</td>
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<td>A14. Sitting</td>
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<td>A15. Getting on/off toilet</td>
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<td>A16. Heavy domestic duties</td>
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A17. Light domestic duties (cooking, dusting, etc)

□ None (+0)  □ Mild (+1)  □ Moderate (+2)  □ Severe (+3)  □ Extreme (+4)

Daily Living Subscale Score: 100 − \[\left(\frac{\text{daily living subscale sum} \times 100}{68}\right)\] = ________

**IV. Function, sports and recreational activities**

This section describes your ability to be active on a higher level. For each of the following activities, please indicate the degree of difficulty you have experienced in the last week due to your hip.

SP1. Squatting

□ None (+0)  □ Mild (+1)  □ Moderate (+2)  □ Severe (+3)  □ Extreme (+4)

SP2. Running

□ None (+0)  □ Mild (+1)  □ Moderate (+2)  □ Severe (+3)  □ Extreme (+4)

SP3. Twisting/pivoting on loaded leg

□ None (+0)  □ Mild (+1)  □ Moderate (+2)  □ Severe (+3)  □ Extreme (+4)

SP4. Walking on uneven surface

□ None (+0)  □ Mild (+1)  □ Moderate (+2)  □ Severe (+3)  □ Extreme (+4)

Sports and Recreation Subscale Score: 100 − \[\left(\frac{\text{sports and recreation subscale sum} \times 100}{16}\right)\] = ________

**V. Quality of Life**

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

□ Never (+0)  □ Monthly (+1)  □ Weekly (+2)  □ Daily (+3)  □ Constantly (+4)

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

□ Not at all (+0)  □ Mildly (+1)  □ Moderately (+2)  □ Severely (+3)  □ Totally (+4)

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

□ Not at all (+0)  □ Mildly (+1)  □ Moderately (+2)  □ Severely (+3)  □ Extremely (+4)

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

□ None (+0)  □ Mild (+1)  □ Moderate (+2)  □ Severe (+3)  □ Extreme (+4)

Quality of Life Subscale Score: 100 − \[\left(\frac{\text{quality of life subscale sum} \times 100}{16}\right)\] = ________

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