

## 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:  $100 - \left[ \frac{(\text{symptoms subscale sum} * 100)}{20} \right] = \underline{\hspace{2cm}}$

### 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:  $100 - \left[ \frac{(\text{pain subscale sum} * 100)}{40} \right] = \underline{\hspace{2cm}}$

### 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)

## A4. Standing

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

## A5. Bending to the floor/pick up an object

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

## A6. Walking on a flat surface

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

## A7. Getting in/out of car

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

## A8. Going shopping

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

## A9. Putting on socks/stockings

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

## A10. Rising from bed

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

## A11. Taking off socks/stockings

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

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

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

## A13. Getting in/out of bath

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

## A14. Sitting

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

## A15. Getting on/off toilet

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

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

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

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

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

$$\text{Daily Living Subscale Score: } 100 - \left[ \frac{(\text{daily living subscale sum} * 100)}{68} \right] = \underline{\hspace{2cm}}$$

## 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)

$$\text{Sports and Recreation Subscale Score: } 100 - \left[ \frac{(\text{sports and recreation subscale sum} * 100)}{16} \right] = \underline{\hspace{2cm}}$$

## 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)

$$\text{Quality of Life Subscale Score: } 100 - \left[ \frac{(\text{quality of life subscale sum} * 100)}{16} \right] = \underline{\hspace{2cm}}$$