HOOS, JR. HIP SURVEY

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, <u>only</u> one box for each question. If you are unsure about how to answer a question, please give the best answer you can.

Pain What amount o following activiti	f hip pain have y ies?	ou experienced	the last week	during the
1. Going up or do None □	own stairs Mild □	Moderate □	Severe	Extreme
2. Walking on an None □	uneven surface Mild	Moderate □	Severe	Extreme
your ability to n following activit experienced in 3. Rising from sit	questions concernove around and ties please indicates the last week dutting	d to look after y ate the degree ue to your hip.	ourself. For ea	ach of the
None	Mild □	Moderate	Severe	Extreme
4. Bending to flow None □	or/pick up an obje Mild □	ct Moderate	Severe	Extreme
5. Lying in bed (1 None	turning over, main Mild	taining hip position Moderate	on) Severe □	Extreme
6. Sitting None	Mild	Moderate	Severe	Extreme