HOOS HIP SURVEY

Today's date: _____/_____/______ Date of birth: _____/_____/________

Name: _______________________________________________________

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, only one box for each question. If you are uncertain about how to answer a question, please give the best answer you can.

Symptoms
These questions should be answered thinking of your hip symptoms and difficulties 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 □

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

P3. Bending your hip fully
None □ Mild □ Moderate □ Severe □ Extreme □

P4. Walking on a 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 □

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 □
For each of the following activities please indicate the degree of difficulty you have experienced in the **last week** due to your hip.

A5. Bending to the floor/pick up an object

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A6. Walking on a flat surface

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A7. Getting in/out of car

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A8. Going shopping

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A9. Putting on socks/stockings

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A10. Rising from bed

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A11. Taking off socks/stockings

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

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A13. Getting in/out of bath

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A14. Sitting

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A15. Getting on/off toilet

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

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

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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 loaded leg
- None
- Mild
- Moderate
- Severe
- Extreme

SP4. Walking on uneven surface
- None
- Mild
- Moderate
- Severe
- Extreme

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 activities potentially damaging 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

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