



Hip disability and Osteoarthritis Outcome Score (HOOS)

DATE: _____

PATIENT: _____

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 checking the appropriate box, only **one** box for each question.

If you are unsure about how to answer a question, please give the best answer you can.

SYMPTOMS.

These questions should be answered by thinking about your hip symptoms during the last week:

Do you feel grinding or hear clicking or any other types of noise from your hip ?

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| S1 | Do you feel grinding or hear clicking or any other types of noise from your hip ? | <input type="radio"/> Never | <input type="radio"/> Rarely | <input type="radio"/> Sometimes | <input type="radio"/> Often | <input type="radio"/> Always |
| S2 | Difficulties spreading your legs wide apart | <input type="radio"/> Never | <input type="radio"/> Rarely | <input type="radio"/> Sometimes | <input type="radio"/> Often | <input type="radio"/> Always |
| S3 | Difficulties to stride out when walking? | <input type="radio"/> Never | <input type="radio"/> Rarely | <input type="radio"/> Sometimes | <input type="radio"/> Often | <input type="radio"/> Always |
| S4 | Can you bend your hip fully? | <input type="radio"/> Always | <input type="radio"/> Often | <input type="radio"/> Sometimes | <input type="radio"/> Rarely | <input type="radio"/> Never |

STIFFNESS.

The following questions concern the amount of joint stiffness you have experienced during the last week in your hips. Stiffness is the sensation of restriction or slowness in the ease with which you move your hip joint.

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| S5 | How severe is your hip joint stiffness after first wakening in the morning? | <input type="radio"/> None | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | <input type="radio"/> Extreme |
| S6 | How severe is your hip stiffness after sitting, lying or resting later in the day? | <input type="radio"/> None | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | <input type="radio"/> Extreme |

PAIN.

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|----|---------------------------------------|-----------------------------|-------------------------------|------------------------------|-----------------------------|------------------------------|
| P1 | How often do you experience hip pain? | <input type="radio"/> Never | <input type="radio"/> Monthly | <input type="radio"/> Weekly | <input type="radio"/> Daily | <input type="radio"/> Always |
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What amount of hip pain have you experienced the last week during the following activities:

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| P2 | Straightening your hip fully? | <input type="radio"/> None | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | <input type="radio"/> Extreme |
| P3 | Bending your hip fully? | <input type="radio"/> None | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | <input type="radio"/> Extreme |
| P4 | Walking on flat surface? | <input type="radio"/> None | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | <input type="radio"/> Extreme |
| P5 | Going up or down stairs? | <input type="radio"/> None | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | <input type="radio"/> Extreme |
| P6 | At night in bed? | <input type="radio"/> None | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | <input type="radio"/> Extreme |
| P7 | Sitting or lying? | <input type="radio"/> None | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | <input type="radio"/> Extreme |
| P8 | Standing upright? | <input type="radio"/> None | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | <input type="radio"/> Extreme |
| P9 | Walking on a hard surface (asphalt, concrete, etc.) | <input type="radio"/> None | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | <input type="radio"/> Extreme |
| P10 | Walking on an uneven surface? | <input type="radio"/> None | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | <input type="radio"/> Extreme |

FUNCTION, DAILY LIVING.

The following questions concern your physical function. By this we mean your ability to move around and 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.

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| A1 | Descending stairs? | <input type="radio"/> None | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | <input type="radio"/> Extreme |
| A2 | Ascending stairs? | <input type="radio"/> None | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | <input type="radio"/> Extreme |
| A3 | Rising from sitting? | <input type="radio"/> None | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | <input type="radio"/> Extreme |
| A4 | Standing? | <input type="radio"/> None | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | <input type="radio"/> Extreme |
| A5 | Bending to floor or picking up an object? | <input type="radio"/> None | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | <input type="radio"/> Extreme |
| A6 | Walking on flat surface? | <input type="radio"/> None | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | <input type="radio"/> Extreme |
| A7 | Getting in/out of car? | <input type="radio"/> None | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | <input type="radio"/> Extreme |
| A8 | Going shopping? | <input type="radio"/> None | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | <input type="radio"/> Extreme |
| A9 | Putting on socks/stockings? | <input type="radio"/> None | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | <input type="radio"/> Extreme |
| A10 | Rising from bed? | <input type="radio"/> None | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | <input type="radio"/> Extreme |
| A11 | Taking off socks/stockings? | <input type="radio"/> None | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | <input type="radio"/> Extreme |
| A12 | Lying in bed (turning over, maintaining hip position)? | <input type="radio"/> None | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | <input type="radio"/> Extreme |
| A13 | Getting in/out of bath? | <input type="radio"/> None | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | <input type="radio"/> Extreme |
| A14 | Sitting? | <input type="radio"/> None | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | <input type="radio"/> Extreme |

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

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|-----|--|----------------------------|----------------------------|--------------------------------|------------------------------|-------------------------------|
| A15 | Getting on/off toilet? | <input type="radio"/> None | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | <input type="radio"/> Extreme |
| A16 | Heavy domestic duties (moving heavy boxes, scrubbing floors, etc)? | <input type="radio"/> None | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | <input type="radio"/> Extreme |
| A17 | Light domestic duties (cooking, dusting, etc)? | <input type="radio"/> None | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | <input type="radio"/> Extreme |

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.

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| SP1 | Squatting? | <input type="radio"/> None | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | <input type="radio"/> Extreme |
| SP2 | Running? | <input type="radio"/> None | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | <input type="radio"/> Extreme |
| SP3 | Jumping? | <input type="radio"/> None | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | <input type="radio"/> Extreme |
| SP4 | Twisting/pivoting on your injured hip? | <input type="radio"/> None | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | <input type="radio"/> Extreme |

QUALITY OF LIFE.

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|----|---|----------------------------------|-------------------------------|----------------------------------|--------------------------------|---------------------------------|
| Q1 | How often are you aware of your hip problem? | <input type="radio"/> Never | <input type="radio"/> Monthly | <input type="radio"/> Weekly | <input type="radio"/> Daily | <input type="radio"/> Always |
| Q2 | Have you modified your life style to avoid potentially damaging activities? | <input type="radio"/> Not at all | <input type="radio"/> Mildly | <input type="radio"/> Moderately | <input type="radio"/> Severely | <input type="radio"/> Totally |
| Q3 | How much are you troubled with lack of confidence in your hip? | <input type="radio"/> Not at all | <input type="radio"/> Mildly | <input type="radio"/> Moderately | <input type="radio"/> Severely | <input type="radio"/> Extremely |
| Q4 | In general, how much difficulty do you have with your hip? | <input type="radio"/> Not at all | <input type="radio"/> Mildly | <input type="radio"/> Moderately | <input type="radio"/> Severely | <input type="radio"/> Extremely |

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