

HOOS, JR. HIP SURVEY

Name: _____

Date: _____

Instructions: For each question, please circle the ONE number that best describes your condition in the **last week**. If you did not have the opportunity to perform an activity in the past week, please make your *best estimate* on which response would be the most accurate.

	None	Mild	Moderate	Severe	Extreme
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Pain: What amount of hip pain have you experienced the **last week** during the following activities?

1. Going up or down stairs	0	1	2	3	4
2. Walking on an uneven surface	0	1	2	3	4

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.

3. Rising from sitting	0	1	2	3	4
4. Bending to floor/pick up an object	0	1	2	3	4
5. Lying in bed (turning over, maintaining hip position)	0	1	2	3	4
6. Sitting	0	1	2	3	4

Column Totals: <i>Office will calculate</i>	
Raw Sum: _____ Interval Score _____	Outcome Score for Joint Replacement (HOOS, JR).