

Hip Outcome Score

Please answer **every question** with one response that most closely describes to your condition within the past week.

If the activity in question is limited by something other than your hip mark not applicable (N/A).

Activities of Daily Living subscale

	No difficulty at all	Slight difficulty	Moderate difficulty	Extreme difficulty	Unable to do	N/A
Standing for 15 minutes						
Getting into and out of an average car						
Putting on socks and shoes						
Walking up steep hills						
Walking down steep hills						
Going up 1 flight of stairs						
Going down 1 flight of stairs						
Stepping up and down curbs						
Deep squatting						
Getting into and out of a bath tub						
Sitting for 15 minutes						
Walking initially						
Walking approximately 10 minutes						
Walking 15 minutes or greater						

Because of your hip how much difficulty do you have with:

	No difficulty at all	Slight difficulty	Moderate difficulty	Extreme difficulty	Unable to do	N/A
Twisting/pivoting on involved leg						
Rolling over in bed						
Light to moderate work (standing, walking)						
Heavy work (push/pulling, climbing, carrying)						
Recreational activities						

How would you rate your current level of function during your usual activities of daily living from 0 to 100 with 100 being your level of function prior to your hip problem and 0 being the inability to perform any of your usual daily activities?

Sports subscale

Because of your hip how much difficulty do you have with:

	No difficulty at all	Slight difficulty	Moderate difficulty	Extreme difficulty	Unable to do	N/A
Running one mile						
Jumping						
Swinging objects like a golf club						
Landing						
Starting and stopping quickly						
Cutting/lateral movements						
Low impact activities like fast walking						
Ability to perform activity with your normal technique						
Ability to participate in your desired sport as long as you would like						

How would you rate your current level of function during your sports related activities from 0 to 100 with 100 being your level of function prior to your hip problem and 0 being the inability to perform any of your usual daily activities?

How would you rate your current level of function?

Normal Nearly normal Abnormal Severely abnormal

CURRENT HEALTH ASSESSMENT

In general, would you say your health is:

- Excellent
- Very Good
- Good
- Fair
- Poor

The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

Yes, limited a lot Yes, limited a little No, not limited at all

Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf

Climbing several flights of stairs

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

Yes No

Accomplished less than you would like

Were limited in the kind of work or other activities

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of emotional problems (such as feeling anxious or depressed)?

Yes No

Accomplished less than you would like

Didn't do work or other activities as carefully as usual

During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

- Not at all Quite a bit
- A little bit Extremely
- Moderately

These questions are about how you feel and how things have been with you during the last 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the last 4 weeks:

All of the time Most of the time A good bit of the time Some of the time A little of the time None of the time

Have you felt calm and peaceful?

Did you have a lot of energy?

Have you felt downhearted and blue?

During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?

All of the time Most of the time Some of the time A little of the time None of the time

Thank you for completing this information!

Reviewed by _____ MD Date _____

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