

Hip dysfunction and Osteoarthritis Outcome Score for Joint Replacement (HOOS, JR), English version 1.0

### HOOS, JR. HIP SURVEY

Today's date: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Name: \_\_\_\_\_

For Office Use: Date of Surgery: \_\_\_\_\_

Pre-operative    3 month follow up    6 month follow up    1 year follow up    Annual

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

Please indicate the involved side:

Left

Right

#### Pain

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

	None	Mild	Moderate	Severe	Extreme
1. Going up or down stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Walking on an uneven surface	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### 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.

	None	Mild	Moderate	Severe	Extreme
3. Rising from sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Bending to floor/pick up an object	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Lying in bed (turning over, maintaining hip position)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>